Dr. Carrie Skony, PLLC
PERFORM Active Wellness + Dance Medicine

FINANCIAL RESPONSIBILITY POLICY- **Updated April 2025*

Dr. Carrie Skony, PLLC dba PERFORM Active Wellness + Dance Medicine is committed to providing high-quality care while maintaining efficient billing practices. The following serves as our office policy for billing and patient financial responsibility.

Effective April 2025:
For insurance patients, credit cards on file will be used to settle balances on accounts AUTOMATICALLY, every 30 days approximately on the 20th of each month after we have received a response from your insurance company. You will receive a paid receipt email instead of a balance due statement. Although rare, our staff is always on the lookout for insurance claims that are processed incorrectly by insurance companies. If this is the case, we will not bill your credit card for any balance due but instead, we will contact you.

Credit Card on File Requirement:

- All patients must have an active credit card on file with our office.
- Credit card information will be securely stored in compliance with PCI standards and used only for authorized transactions as outlined in this agreement.
- For your security, credit card information is tokenized and encrypted through Jane Payments. No financial information is available to our staff, or stored at our office. For added security, only the last four digits of your credit card number are displayed in Jane.

Payment Policy for Self-Pay & Out-of-Network Patients:

- Patients who are self-paying or have an out-of-network insurance provider agree that their credit card on file will be automatically charged for services rendered in a timely manner following their appointment.
- Patients are responsible for obtaining reimbursement from their insurance provider if applicable.

Payment Policy for Blue Cross Blue Shield PPO Patients:

- For patients with Blue Cross Blue Shield PPO plans, our office will first submit claims to the insurance provider.
- Once the claim has been processed and we receive an Explanation of Benefits (EOB), any remaining patient responsibility (such as deductibles, copays, or non-covered services) will be charged to the credit card on file.
- It is the patient's responsibility to understand their own insurance plan and policy benefits, including but not limited to deductibles, co-pays, treatment maximums, and any treatment restrictions. Our office will make reasonable efforts to verify benefits; however, this does not guarantee coverage. Any denied or non-covered services will be the patient's financial responsibility.

****Account Balance Charges:**

- Any outstanding balance on a patient's account will be automatically charged to the credit card on file every 30 days, approximately on the 20th of each month.
- A receipt of the transaction will be sent to the email address on record.
- If you have any questions, or disputes regarding your balance, please contact our office directly.

Insurance Payments & Patient Responsibility:

- If insurance denies a claim or applies an amount to patient responsibility, that balance must be paid in full within 30 days.
- If the credit card on file is declined, the patient will be contacted for an updated payment method. If payment is not received within an additional 30 days, further action may be taken to recover the outstanding balance, and the balance will be subject to late fees of $25 per billing cycle.
- In case of default of payment, the patient agrees to pay legal fees on the balance due, collection costs, and reasonable attorney fees incurred to recover such payments.

Missed Appointment & Cancellation Policy

- Your appointment time is reserved just for you. A late cancellation or missed visit affects your physician's schedule and other patients' ability to come in for timely treatment.
- As such, **we require 24 hours notice** for any cancellations or changes to your appointment. Patients who provide less than 24 hours notice, or miss their appointment, will be charged a **cancellation fee** equal to the cost of the appointment to their card on file.

Consents:

- ☐ I acknowledge and understand that all accounts are my full responsibility as the patient. If using insurance, I understand that deductibles, co pays, co-insurance and non-covered services are my responsibility.
- ☐ I understand that the verification of eligibility and benefits is an estimate of coverage under my insurance plan and does not guarantee coverage.
- ☐ I understand that as a courtesy, PERFORM Active Wellness + Dance Medicine will bill in-network insurance plans and make every effort to ensure that claims are promptly and correctly processed.
- ☐ I understand that I am required to keep an active credit card on file and that card will be charged automatically approximately every 30 days for any balances on my account.
- ☐ I understand/authorize the standard process to charge my credit card on file for services, products, co-pays, fees, etc. following my visit. - I also authorize PERFORM Active Wellness + Dance Medicine to charge my credit card on file for any balance due after treatment or after my insurance has processed the claims. This authorization extends to family members attached to "my relationship".
- ☐ I acknowledge the cancellation policy and understand I will be charged for missed or late cancelled appointments.