

## **Persila V. Mertz, MD, PC**

115 E. Main St  
Ephrata, PA 17522

### Financial Policy

Our goal is to provide and maintain a trusting physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. If you have any questions, please do not hesitate to ask any member of our staff.

#### Appointments

We value the time we have set aside to see and treat you. If you are not able to keep your appointment, we require 24 hours notice so we can offer the appointment to another patient.

If you are late for your appointment (more than 15 minutes), we will do our best to accommodate you. However on certain days it may be necessary to reschedule your appointment.

We understand that sometimes you forget about your appointment and may not come. Please understand that as we have the time reserved for you, after 2 consecutive no-shows, you will incur a charge of \$30.00.

We strive to minimize any wait time. From time to time emergencies or unforeseen events in the schedule do occur which may cause an increased wait time for you. We appreciate your understanding.

#### Insurance Plans

Please keep us updated with your correct insurance information. It is your responsibility to understand your benefit plan regarding covered services and participating laboratories. For example, most plans do not cover refractions. We will therefore collect the refraction fee upon checking out.

We are a specialist office. If your insurance requires a referral to be seen here, please have it ready to bring with you to your appointment. Since most family doctors will not 'back date' referrals, we kindly ask for payment in full at the time of service should you not have your referral secured beforehand.

#### Financial Responsibility

According to your insurance plan, you are responsible for any co-payments, deductibles, and coinsurances. We will collect these, along with non-covered services (such as refractions) at check out.

If you are a self-pay patient, we do not participate with your insurance, or you do not have a referral (if your plan requires one), please be prepared to pay for services in full at the time of the visit.

If previous written arrangements have not been made with our office, any account balance outstanding longer than 30 days will be charged a \$5.00 re-bill fee for each monthly billing cycle that we bill for the same balance. This is to cover our costs for rebilling. Unfortunately, we will forward any balance outstanding longer than 90 days to a collection agency for recovery.

We accept cash, checks, Visa, MasterCard, and Discover.

Our bank charges us a fee for a check returned for insufficient funds. We will pass this expense on to you in the event of a returned check. Usually, the fees range from \$20.00-\$35.00.

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**Forms and Records**

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If you did not bring any forms that you need completed along to your visit, please allow us 3 business days to complete them for you. We will call you when they are ready.

If you need a copy of your records, please allow us up to 30 days to prepare them for you after receipt of a signed records release. We will call you when they are ready to be picked up at our office. The fee for your records is \$20.00.

**Consent for Contact**

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You agree, in order for us to service your account or to collect monies you may owe, that Persila V. Mertz, MD, P.C. and/or her agent(s) may contact you by telephone at any telephone number listed on your account, including wireless numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to us. Methods of contact may include using prerecorded/artificial voice messages and/or use of automatic dialing devices, as applicable.

I/we have read this disclosure and agree to the terms of this Financial Policy.

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party Name

\_\_\_\_\_  
Patient Date of Birth