Iredell
Tondo Internal Medicine
Lewis J. Tondo, M.D.

Financial Policy

Patients that have a plan with co-payments only:

Your co-pay must be paid each time you see the doctor, without exception.

Patients that have a plan with deductibles (including Medicare):

Your plan has a deductible amount that you the patient must pay before the insurance will begin to pay for any medical expenses incurred. All patients are required to pay in full at the time of service until their deductible has been met. Once the deductible has been met, you will be required to pay the percentage that your insurance will not pay.

Patients that have two insurance plans with no balance:

Patients that have two insurance coverages with no patient balance do not have to pay any money at the time of service.

Patients with no medical insurance will be given 20% discount:

Patients with no medical insurance are required to pay in full at the time of service. In addition to this, you are required to pay a $100.00 deposit upfront, before being seen. If there is a prior balance, it must be paid in full before being seen. Upon checkout, any other money due must be paid. If you are going to pay by check, you can leave a blank check with the front office and the correct amount can be written in by the patient at time of checkout. If you paid cash and charges are less than $100.00, the difference will be given back to you at checkout.

Patients with accident related injuries needing medical attention:

if you are here as a result of a work-related injury or accident, it must be prior approved by your employer as a worker's comp case. If this is not done you are required to pay in full today for all medical services rendered. Additionally, payment in full will be required for any future visits.

Patients with no proof of coverage:

if you are unable to show proof of insurance coverage, you will be required to pay in full at time of service. If you do not meet your financial obligations and make restitution for your patient balances, your account will be placed with an outside collection agency.

I understand and fully agree to the financial policies as stated above and agree to pay in full any money due from me for medical services rendered by either cash, check, Visa, MasterCard or bank debit card.

Assignment of benefits:

Patient agrees to assign insurance benefits to our office for services rendered.

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Print full name of responsible party

_____ _____

***Signature of responsibility party Date