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**Patient Financial and Appointment Policy**

In order to provide a more personal level of service, Landmark MD and other Direct Primary Care practices have a different business model than traditional primary care offices. We have no dedicated billing department, which allows us to keep our fees affordable for our patients. In addition, government regulations have impacted all health care providers and we must follow their guidelines when prescribing medications and providing patient care.

* All patients MUST have a credit card, debit card or checking account on file if they are on the monthly payment plan. We do accept cash payments; however, we must have the ability to draft payments in the event that patients cannot come into the office to pay their membership fees in a timely manner.

\_\_\_\_\_\_\_\_ (initials)

* If your account is more than 60 days past due, maintenance medication refills may be denied. We will make every attempt to contact you in order to bring your account current or to set up an approved payment arrangement. \_\_\_\_\_\_\_ (initials)
* Patients are subject to dismissal from the practice if their account is 90 days past due. If you are dismissed from the practice, reinstatement is upon Dr. Layne’s discretion and a $240 reinstatement fee PLUS payment of entire past due balance is required before an appointment can be made. \_\_\_\_\_\_\_\_ (initials)
* NO controlled substance medications will be refilled if your account is greater than 30 days behind. There will be no exceptions to this policy. \_\_\_\_\_\_\_\_ (initials)
* ALL patients on controlled medications MUST be seen at least once every six (6) months in order to continue receiving medications. We are required to maintain current office notes on ALL patients who are receiving controlled medication prescriptions. \_\_\_\_\_\_\_\_ (initials)
* Due to new regulations by the DEA and changes in healthcare accountability, ALL patients who are prescribed controlled medications are subject to random urine drug screens. This is not only to protect our patients but also to protect our staff. These drug screens are not included in the monthly membership fee and must be paid by the patient. The fee for this testing is $35.00. If you do not agree with this policy, we will be happy to refer you to a provider of your choice. \_\_\_\_\_\_\_\_ (initials)

We realize that financial emergencies occur, and we are willing to work with you to establish payment arrangements if we are aware of your difficulty. Thank you for your understanding.

**By signing below, I acknowledge the Landmark MD Patient Financial and Appointment Policy:**

Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_