



Miller Care Group  
3850 Shore Drive Suite 315  
Indianapolis, IN 46254  
Telephone: 317-429-0061  
Fax Line: 317-222-1953

## Patient Financial Policy

Thank you for choosing us as your specialist healthcare provider. Here are our key financial policies:

**1. Registration and Insurance Information:**

- Keep your demographic information up to date.
- Inform us of any changes to your insurance.
- If you don't provide accurate insurance info, you'll be responsible for denied claims.

**2. Insurance Claims:**

- We will submit insurance claims on your behalf with provided insurance details.
- You authorize us to share necessary medical info with your insurance.
- You are responsible for paying any fees not covered by your insurance.

**3. Primary and Secondary Insurance:**

- Show proof of insurance at your visit. You'll need to pay co-pays, deductibles, and any non-covered charges at the time of service.
- If you don't have insurance documentation, you'll need to pay in full.
- We will file secondary insurance claims if you provide information at the time of service.

**4. Payment Responsibility:**

- If we don't file your insurance or are not in your insurance network, you must pay in full at the time of service unless other arrangements are made.
- A 1% monthly finance charge applies to unpaid balances after 60 days.

**5. Minors:**

- A responsible adult must sign for and accompany patients under 18.

**6. Payment Methods:**

- We accept credit/debit cards or cash, but not personal checks.

**7. Past Due Accounts:**

- Payment is due on the day of service.
- Non-payment may result in your account being sent to collections and possible discharge from our practice.
- You are responsible for collection costs if your account is sent to collections.

**8. Missed Appointments:**

- Missed appointments not canceled 24 hours in advance will incur a \$40 fee.
- New patients missing two subsequent appointments won't get further appointments until no show is paid.
- Established patients missing or canceling less than 24 hours in advance four times may be discharged.
- A \$100 deposit is required for frequent no-shows, and a valid credit card must be on file.

**Your signature on the policy form means you understand and accept these terms and authorize MCG to process your insurance claims and payments.**

\_\_\_\_\_  
Printed Full Name or Authorized Representative

\_\_\_\_\_  
E-Signature Full Name or Authorized Representative Signature

\_\_\_\_\_  
Date