

PATIENT SELF PAY FINANCIAL POLICY

John P. Muffoletto, M.D.
2751 DeBarr Rd. Suite 290
Anchorage, AK. 99508
(907) 276-1046

In order to continue to provide the level of medical services, which you my patient expect from this practice, I have adopted the following financial policy. I hope that this policy will help avoid any misunderstandings between my patients and the practice. If you have any questions about this policy, please discuss them with the Patient Account Manager. I am dedicated to providing the best possible care and services to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

Since this office will not be billing insurance for your account, full payment for your initial visit and any subsequent office visits is expected at the time of service. Furthermore, with any elective surgery at least 50% of the total amount of the surgery will be expected at the pre-op appointment. Patients have two options for payment related to the remaining balance from surgery:

1) Patients may choose to pay the surgery balance in full and will receive a 10% discount.

OR

2) Patients may choose a 12-month interest-free payment plan. The balance related to a surgical procedure will be divided into 12 equal monthly payments, and the payment is due no later than the 15th of each month. Patients may choose to make additional payments on the balance, however the minimum monthly payment established at the beginning of the payment plan will remain the same.

Please note that the 10% discount and payment plan options cannot be combined.

*****Credit card payments are accepted over the phone and by mail. Please note that credit card information is NOT retained by the office. The responsible party must contact the office monthly to make a payment.*****

initial

If you were originally admitted or seen in consultation by Dr. Muffoletto in an in-patient hospital setting you may choose either of the above options for balance related to surgery. Payment for in-patient consultation and subsequent visits is due in full.

initial

Please note that we do not follow any financial plans that you may agree to with any hospitals or other medical facilities.

A written estimate for Dr. Muffoletto’s fees is available to you at any time upon request.

All charges incurred are for Dr. Muffoletto’s surgical fees only and do not include fees for facility, anesthesia, pathology, or other required services. Accounts that are past due will be considered for and turned over to an outside collection agency and reported to the Credit Bureau. Accounts that have statements returned with no forwarding address will be turned over to a collections agency.

I know that you as a patient have a choice on where to receive your medical care. I appreciate you having selected me for your care. Please do not hesitate to contact any of my professional staff members if we can assist you in any way.

I have read and understood the financial policy of this practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by the practice.

Signature of Patient or Responsible
Party (if patient is a minor)

Date

Please Print Name of Patient