

2025 Patient Financial Policy

We are committed to providing high-quality medical care. To ensure clear communication about financial matters, please review and acknowledge our financial policy.

Insurance

We accept most major insurance plans. It is your responsibility to confirm network status with our provider. Proof of Insurance: Please provide your insurance card and a valid photo ID for each visit and inform us immediately of any changes to your insurance. Verification and Coverage: While we verify your benefits as a courtesy, coverage details are determined by your insurance company. You are responsible for understanding your benefits, including deductibles, copayments, and coinsurance.

Payment Responsibility

All Office Visits fees are due at the time of service (may include deductibles, copayments, and coinsurance). Non Covered Services: You are responsible for any services not covered by your insurance. Self-Pay Patients: If you do not have insurance, payment in full is required at the time of service.

Payment Methods

We accept the following forms of payment:

- Cash no bills larger than \$50.00 unless copay is \$75.00 or more.
- Cashier's Check Make payable to Dr. Craig G Chang, MD PA.
- ACH automated clearing house (bank to bank).
- In Office payment plan (payment must be paid in full 2-3 weeks prior to procedure).
- Credit/Debit cards (Visa, MasterCard, American Express, Discover).
- Health Savings Accounts (HSAs) or Flexible Spending Accounts (FSAs).

Billing and Statements

Statements: You will receive a billing statement for any outstanding balances. Payment is due upon receipt.

- Payment Plans: For larger balances, payment plans may be arranged on a case-by-case basis. Please contact our billing department for assistance.
- Delinquent Accounts: Accounts that remain unpaid after [120 days] will be sent to a collection agency and additional fees.

Missed Appointments and Late Cancellations

Cancellation Policy: Please provide at least [24 hours] notice if you need to cancel or reschedule an appointment. Fees: No Show/Missed appointments or cancellations within 24 hours will incur a fee of \$25.00, which is not covered by insurance.

Additional Fees NOT COVERED BY INSURANCE

- Credit card fee of 4% for all transactions over \$500.00.
- Jump Start Fee \$25.00 for all new patients. (Will be applied to the New Patient office visit.)
- SX Deposit/Cancellation Fee \$200.00 for all patients.
- Program Fee \$100.00 for all Medical Weight Loss and Bariatric Surgery patients.
- Medical Records: First request is free. Additional requests may be charged as permitted by law.

Refund Policy

Once all claims and an account review have been completed all overpayments will be refunded by check or applied to future visits as per your preference. Please contact our billing department to address any concerns.

Financial Hardship

If you are experiencing financial difficulties, please inform our billing department. We will work with you to explore options, including payment plans or financial assistance, if available.