

Performance Therapeutics
1320 Old Weisgarber Road
Knoxville, TN 37909
(865) 584-1054 Fax (865) 588-8350

Financial Policy

Thank you for choosing us as your healthcare provider. We are committed to providing you with the best possible medical care. In providing this care, financial responsibility needs to be addressed. Overdue accounts cost both of us time and money. Prompt payment for our services allows us to control costs and keep our fees as low as possible. With your cooperation, we can continue to achieve these goals.

We may be able to verify your insurance benefits prior to your visit, but you, the patient, are ultimately responsible for knowing what your plan will cover. You will be responsible for your required co-pay or any deductibles at the time of your visit. If you do not have insurance, or are receiving services not covered by your insurance plan, payment in full is due at the time services are rendered. We accept cash, personal checks, Visa, MasterCard, and Discover. A \$20 fee will be assessed for any returned checks.

We will file your insurance claim if we are contracted with your insurance company. By law, we should receive payment within 30 days. If a problem occurs with your insurance payment, we may ask you to contact your insurance company to remedy the situation. It is your responsibility to insure your insurance company remits payments to us. If your insurance company changes at any time, you must present the new card with the new effective date of coverage.

Once we receive the explanation of benefits from your insurance carrier, you will receive a statement in the mail for any balance due. Upon receipt of the statement, payment in full is expected. Please call our office to discuss a payment arrangement if you are experiencing financial difficulties.

If we receive no response from you, we will mail a final notice with intent to turn your account over to a collection agency and report the problem to the credit bureau. These late accounts can be very costly to our office in terms of lost or delayed revenue and excessive time and effort in follow up. Therefore, if your account is sent to a collection agency, an additional 30% of your outstanding balance will be added to your bill to absorb our collection fees. You will also be dismissed from our practice and will have to seek medical care elsewhere.

Our practice firmly believes that good patient relationships are based upon understanding and good communications. Please feel free to call our billing office at (865) 539-4575 if you have any questions regarding your bill. We are here to assist you.

Thank you,

FamilyCare Specialists / Performance Therapeutics

By signing, I acknowledge that I have read and understand this policy.

Signature: _____ Date: _____

Print Name: _____ DOB: _____