



## *Patient Payment Policy and Agreement*

At Evansville Primary Care we continually strive to provide the best care possible. We want to keep you and your family healthy and active. In return, we ask for reasonable compensation for our providers' services. Patients sometimes accumulate a large patient-due balance, placing both parties in an unfavorable situation. If our providers do not receive the compensation that they have earned, then our business suffers, and patients continue to accrue a balance. This is not acceptable at Evansville Primary Care. To prevent these situations from starting or continuing, we have implemented this revised payment policy/agreement, effective April 15, 2024.

### *Payment Policy*

- 1) You will be financially responsible for any and all charges on your account with Evansville Primary Care, including charges not paid by your insurance company, for example - deductibles and coinsurance.
- 2) Co-payment is required at the time of visit. This is an agreement you have between you and your insurance company. If you cannot provide your co-payment, we will be forced to reschedule your appointment. If you are uninsured, payment for your visit must be made in full upon check-in. Any additional services rendered during your appointment will be billed to you. We accept cash, checks, and all major credit cards.
- 3) Returned checks incur a fee of \$35.00. You are responsible for this amount. If your account is subject to a returned check at any point we will no longer be able to accept checks from you, and your account will be marked as such. After 2 or more returned checks on your account you will be subject to termination from our practice.
- 4) It is your responsibility to maintain accurate phone and mailing contact information with our office and to notify us of any changes. This should be verified at each visit.
- 5) Once a billing statement has been mailed to you, you have 30 days to remit payment online at [evvprimarycare.com](http://evvprimarycare.com), by mail, or by calling our office at (812) 479-6907. If unable to pay in full, you must make a **minimum** payment of 20% of your total billed amount online at [evvprimarycare.com](http://evvprimarycare.com), by mail, or by calling our office at (812) 479-6907. You may also call our office to make payment arrangements on any substantial balances.
- 6) If after 30 days you have not paid a **minimum of 20%** of your balance due, you must do so at your next appointment, and each appointment thereafter until the balance is satisfied. **If your balance reaches 120 days or more past due, your balance is due IN FULL or your appointment will be rescheduled at the check-in window.**
- 7) Please be advised that once your account has passed 60 days without payment, your account will be forwarded to the collection agency. If at any time you have a question about your amount owed, or payment options available to you, you may contact our billing department at 812-479-6907, extensions 691 or 535.

**8) ALSO, PLEASE BE ADVISED THAT BEGINNING APRIL 15, 2024, EACH MISSED APPOINTMENT WILL INCUR A NO-SHOW FEE OF \$20.00 ON YOUR ACCOUNT. OUR PRACTICE REQUIRES A 24 HOUR NOTICE IF YOU ARE UNABLE TO KEEP ANY SCHEDULED APPOINTMENTS. After 3 missed appointments, you will receive a notification letter by mail, a MyChart notification, and a phone call.**

**9) Please note, after 5 missed appointments, and/or if you have delinquent account balances on your account, you will be notified of termination as a patient of our practice.**

### *Payment Agreement*

We appreciate you as our patient! However, we must ensure that patient balances are consistently collected, and each patient be held to equal standards. Thank you for your cooperation. Your signature below is a binding agreement that you will adhere to this policy.

By signing below, I acknowledge that as the patient or responsible party, I have read and agreed to the payment policy and agreement set forth by Evansville Primary Care. I also request the payment of authorized insurance benefits including, but not limited to Medicare, Medicaid, and PPO be made on my behalf to Evansville Primary Care. I authorize any holder of medical or other information about me to be released to my insurance company and its agents as well as any information needed to determine benefits or benefit related services. I request that any other insurance benefits paid directly to Evansville Primary Care submit claims to my insurance carrier(s) or their intermediaries for all services rendered by Evansville Primary Care. I authorize the release of any information required to process my health claims. I understand that I am financially responsible for any balances regardless of the insurance coverage, if any, and am subject to Federal Law concerning payments for service provided to Medicare beneficiaries. I also agree to be responsible for reasonable attorney fees, court costs, and other collection expenses incurred by Evansville Primary Care in connection with collection procedures.

With kind regards and approved by: David E. Schultz II, M.D. FAAFP

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**SIGNATURE OF PATIENT/RESPONSIBLE PARTY**

**TODAY'S DATE**

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