

Teresa S. Stadler, M.D., F.A.C.S.M.



4101 Cox Road, Suite 301
Glen Allen, VA 23060
804-270-7750

FINANCIAL AGREEMENT

YOU MUST PROVIDE YOUR INSURANCE CARD AND PICTURE IDENTIFICATION, UPON CHECK IN, FOR PHOTOCOPYING AT EACH APPOINTMENT. IN THE EVENT THAT NO INSURANCE IS AVAILABLE, OR IT HAS BEEN DETERMINED THAT THE PATIENT IS INELIGIBLE FOR COVERAGE OF SERVICES, THE ACCOUNT WILL BE DETERMINED TO BE SELF-PAY AND PAYMENT IN FULL IS DUE AT THE TIME OF EACH SERVICE. IT IS YOUR RESPONSIBILITY TO NOTIFY COMMONWEALTH SPORTS MEDICINE, PC OF ANY CHANGES IN NAME, ADDRESS, TELEPHONE OR INSURANCE INFORMATION.

I hereby authorize Commonwealth Sports Medicine, PC to release medical information to my physician(s) and/or insurance company(ies). I further authorize direct payment from my Insurance Company(ies) to Commonwealth Sports Medicine, PC.

I understand that I am responsible for obtaining all necessary referrals prior to my scheduled appointment. If I fail to obtain any needed referral(s), I may be responsible for full payment of the visit. All co-payments required by my Insurance Plan will be paid at the time of service. I further acknowledge that all deductibles, co-insurances and non-covered items, as determined by my insurance plan, will be due and payable either upon verbal notice at the time of the office visit or written notice sent by US Mail in the form of a statement from Commonwealth Sports Medicine, PC.

I will be responsible for a \$50.00 NO SHOW FEE after the first missed appointment without 24-hour notice given to Commonwealth Sports Medicine, PC and upon any subsequent missed appointments without 24-hour notice.

If an appointment for a specific procedure or evaluation such as Gait Analysis is missed without 24-hour notice given to Commonwealth Sports Medicine, PC, I will be responsible for a \$100.00 NO SHOW FEE.

All returned checks shall be assessed a \$50.00 bank processing fee for which I will be responsible.

I further agree that if this account is not paid when due, I will be responsible for a collection expense of 25% of the balance due, in addition to the actual balance, plus any court costs incurred by Commonwealth Sports Medicine, PC, as well as, interest accrued after the initial 90 days of debt at 1.5% monthly.

Responsible Party (Parent or Guardian)

Date