



DOC PAM, PA Financial Policy

Patients are responsible for their CO-PAYMENT which is determined by their insurance and specific plan. This amount will be due at the time of service during the appointment check-in process.

Patients are responsible for any CO-INSURANCE due according to their insurance and specific plan. This balance will be due once the insurance company has set the amount after that visit's charges have been posted. This may be paid at the next visit, or upon receipt of the statement from our office.

Parents of NEWBORNS should secure their child's insurance by adding or buying a plan for them by 30 days of age. In addition, please provide our office with a copy of the new card, the effective date, and/or a reference number from the insurance company confirming this new insurance is active. If this does not get done in a timely manner, the patient may be responsible for charges for all visits and vaccines that occur prior to the child having active insurance.

There MAY be administrative fees for certain services.

Patients are responsible for these fees which are not likely to be covered by insurance.

These fees are due at the time of service.

These fees may include charges for:

- No-shows, or cancelations made less than 24 hours in advance
- Vaccine consults
- Costs associated with splitting vaccines
- Copies of Medical Records for personal use
- Weekend or Holiday visits

DOC PAM, PA

201 N. Lakemont Ave. Suite 200, Winter Park, FL 32792

Phone: 321-203-4410 Fax: 321-203-4409



DOC PAM, PA Financial Policy

(If there are any questions about the details or amounts of these fees, please contact our staff.)

Patients may “self-pay” and are responsible for all charges incurred at the time of service.

- If patients opt for “self-pay,” and are uninsured, there may be a discount for services.

It is the patient’s responsibility to confirm that Dr. Trout:

- Is IN network for their insurance
- Is listed as the patient’s PCP (if required by the insurance)

If DOC PAM is unable to be paid for services provided because of failure of the patient to do any of the above, the patient will be billed at standard rates. It will then be the patient’s responsibility to submit a copy of the bill to the insurance company for personal reimbursement.

If patients are having financial hardship, please contact our office to work out a payment plan.

If patients have an outstanding balance, our office will send reminders for payment.

If patients continue to have an outstanding balance beyond 6 months without attempt at payment, our office may turn this debt over to collections, and we have the right to excuse these patients from our practice.

DOC PAM, PA
201 N. Lakemont Ave. Suite 200, Winter Park, FL 32792
Phone: 321-203-4410 Fax: 321-203-4409