

Capstone Family Practice

Capstone Family Practice provides Christ centered care to patients of all ages. We strive to meet the physical, emotional, and spiritual needs of our patients.

*Our goal is to provide and maintain a good physician- patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. **Please review our policies carefully.***

Appointments

1. We value the time we have set aside to spend with you. If you are unable to keep your appointment, please notify us 24 hours in advance so that we may give another patient the opportunity for that appointment. We reserve the right to charge for missed appointments. This \$25 fee will not be covered by your insurance. Failure to comply with our cancellation policy may result in dismissal from our practice.
2. If you are more than 30 minutes late for your appointment, it may be necessary to reschedule your appointment.
3. We strive to minimize any wait time; however, emergencies do occur, and we appreciate your understanding in advance.
4. All patients must complete the patient information forms prior to seeing the doctor and present a current insurance card and driver's license.
5. Reminder calls are a courtesy. You are responsible for any missed appointment fee, whether you received a call or not.

Financial Policy

1. Our office participates in a variety of insurance plans. If we do not participate with your insurance plan, the payment for services rendered is expected to be paid in full at the time of service. We do offer a discount to "Self-Pay" patients. Self-pay patients are expected to pay in full at the time services are rendered.
2. According to your insurance plan contract, you are responsible for any and all co-payments, deductibles, and co-insurances. Copayments and estimated deductibles/ co-insurances are due at the time of service.
3. If our office is unable to verify your insurance coverage at the time of service, you will be financially responsible for the visit at the time services are rendered.
4. It is your responsibility to keep us updated with the correct insurance information. If the insurance company you designate is incorrect, you will be responsible for payment of the visit and responsible to submit the charges to the correct plan for reimbursement.
5. If your insurance company is an HMO or POS policy, it may require you to choose a primary care provider (PCP). You will need to choose a physician from our practice. If we are not the designated PCP, you will be considered self-pay and financially responsible for the visit in full.
6. Our office verifies your coverage as a courtesy, but there is no guarantee of payment until the claim is processed. It is your responsibility to understand your benefit plan with regards to, for instance, covered services and participating laboratories. For example:
 - A. Not all plans cover annual physicals or sports physicals. If these are not covered, you will be responsible for payment.
 - B. Some insurances limit the number of allowable well visits per year and/ or have a dollar maximum of benefits payable for services. If this benefit is exceeded, your insurance company will not pay and you will be responsible for payment.