

Written Financial Policy

Thank you for choosing Medical Weight Loss Center of Harrisburg. Our primary mission is to deliver the best and most comprehensive care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options: Cash, Health Care Savings, Flexible Spending accounts (FSA/HSA), Visa[®], MasterCard[®], American Express[®], Discover Card[®] or CareCredit[®] Healthcare Card.

We do not accept checks.

Convenient Monthly Payment Plans¹ from CareCredit, allow you to pay over time with no annual fees or pre-payment penalties

Refunds: There are no refunds on services rendered or medications.

Insurance Claims: Keep in mind that your insurance policy is basically a contract between you and your insurance company. At this time, we will not file your insurance claim for you. We cannot guarantee that any medication or service will be covered.

Basic Policies:

1. Payment for your visit is due at the time of service.
2. Payment for any medications (dispensed in office) is due at the time of service and not included in the visit fee.
3. Payment for any prescription coordination is due at the time of service and not included in the visit fee.
4. If you cancel an appointment with less than 48 hours' notice, you will be charged a \$20 fee. This fee will have to be paid before you can make another appointment.
5. If you fail to cancel any appointment or arrive very late you may be charged a \$35 "No Show" fee, which will have to be paid before you can make another appointment.
6. If you have a package with visits and you miss a scheduled appointment without cancelling or you cancel without 48 hours' notice, a visit will be removed from your package as a charge for the "No Show".
7. If you are scheduled for a Saturday appointment, we will ask you to prepay for the visit when you schedule it. The prepayment is not refundable. If you fail make it to your appointment or to cancel/reschedule the Saturday appointment with the required 48 hours advanced notice, then you forfeit the entire cost of the visit.
8. In the event you do incur a charge to your "in office" account you must pay it within 30 days.
9. If payment on your account is not made with in 30 days, a 1.5% interest rate per month will be assessed.
10. We reserve the right to contact collection agencies to retrieve past due balances. You will be responsible for any collection and attorney's fees and costs if collection becomes necessary.

By signing below I acknowledge and agree to the above policy in its entirety. Please do not sign this without reading and fully understanding the above policy. If you have questions please ask.

Patient, Parent or Guardian Full Name

Patient, Parent or Guardian Signature

Date