

**STEPHEN W. DUNCAN, M.D.**

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**FINANCIAL POLICY**

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We will gladly submit your insurance provided you agree to pay the portion you are responsible for. Your responsibility includes any deductible or co-pay that applies to the visit or the entire amount of the claim should your insurance completely deny.

An estimate of your responsibility will be collected at the time of the visit. After insurance pays or denies a claim we will send you a statement. Your amount due is expected by the due date on the statement. If your amount due is too large to pay by the due date please call to discuss payment arrangements.

Statements that are ignored will be sent to collections. All accounts turned over to collections will be charged a 50% fee.

Some procedures require payment in advance. Under these circumstances we will have verified your approximate responsibility with your insurance company.

We require a 24 hour notice when canceling or rescheduling an appointment. Our providers are very much in demand therefore you will be charged if you do not show for an appointment. Please remember to give 24 hour notice when canceling or rescheduling an appointment. You will be billed for a no show.

We will be happy to answer any questions you may have regarding our financial policy

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Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_