# **Harmony Medical Clinic Payment Policy**

Harmony Medical Clinic is committed to providing high-quality medical care in a transparent and professional manner. Please review our payment policy carefully.

### **Payment Requirements**

1. **Payment is due at the time of service** unless prior arrangements have been made with the office. Patients will not receive services until the required payment has been made.
2. Fees vary based on the type and scope of care provided. Patients will be informed of applicable fees before receiving treatment.
3. Patients with **insurance or health savings accounts (HSA)** should consult their benefits provider to determine whether fees paid to Harmony Medical Clinic may be reimbursed or applied to their deductible.
4. Harmony Medical Clinic **does not participate in Medicare**, and services provided by our clinic **cannot be billed to Medicare for reimbursement**.

### **Refund Policy**

1. **Once a patient has consulted with a medical provider, no refunds will be issued, regardless of whether the patient chooses to continue treatment.** Fees are non-refundable once services have been rendered. Fees are not prorated.

### **Missed Appointments & No-Show Fees**

1. A **$20 no-show fee** will be charged if a patient fails to attend a scheduled appointment and does not provide at least **three (3) hours' notice**.

### **Late Payments & Service Cancellation**

1. If payment is not made by the agreed-upon time, **services may be suspended or canceled**.
2. **If you are unable to pay on time, you must contact our office in advance to discuss possible arrangements.** We encourage open communication to explore available options. However, failure to reach out before the due date may result in cancellation of services.
3. If a patient’s services are canceled due to non-payment, they may be required to **reapply for treatment**, and reinstatement is **not guaranteed**.

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### **Credit Card Disputes & Returned Payments**

1. **Chargebacks and disputed credit card transactions** will result in a **$35 returned payment fee** in addition to the original balance due.
2. If a payment is declined or reversed for any reason, the **full balance must be paid before further services can be provided**.

### **Erroneous Payments & Refund Processing Fees**

1. Patients are responsible for ensuring that payments are made to the **correct provider** before submitting transactions.
2. If a payment is made to **Harmony Medical Clinic in error** (e.g., intended for another clinic with a similar name), a **refund may be issued at the clinic’s discretion**, subject to a **4% processing fee**.
3. Refunds may take up to **10 business days** to process.

By receiving care at Harmony Medical Clinic, patients acknowledge and agree to abide by this payment policy. For questions, please contact our office before your appointment.

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