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Vesta Internal Medicine/Vesta Medical Services Ltd.

Financial Policy

Effective September 18, 2023

Thank you for entrusting us with your healthcare needs. We value your decision in selecting Vesta Internal Medicine/Vesta Medical Services Ltd., and we strive to deliver the most current and personalized medical care. Please read and sign the enclosed document outlining our financial policy.

Insurance

We will handle the billing process for your consultations and services with your local insurance company. We only participate with Bermudian health insurers. The amount remitted by your insurer depends on your specific plan. Your portion of the payment (co-pay) will be determined once we have reviewed your plan details with your insurer. It's important to be aware that not all plans cover outpatient services. If your plan does not cover our services, you are responsible for the full payment of your bill at the time of service. Any outstanding balances must be settled before we can proceed with further services. Additionally, please note that there is a \$15 charge for prescriptions provided without a scheduled appointment.

No Show and /or Cancellations

We will treat you with respect and courtesy, and trust you will extend the same to us. If you cannot make your appointment you must call 24 hours ahead of appointment time. A \$100 fee will be charged for no show or late cancellation.

Forms of payment

Payment of patient responsibility or copay is due upon checkout.

We accept credit cards, debit cards and cash. We cannot accept checks.

Outstanding non-performing debts will be assigned to a collection agency with collection fees added.

I, _____ have read and been offered a copy of the Vesta Internal Medicine/Vesta Medical Services Ltd. financial policy. My signature (electronic or on paper) confers my consent for treatment from Vesta Internal Medicine/Vesta Medical Services Ltd., and Dr. Alice Wilkenfeld.

Signature _____

Date (m/d/y) _____