

PATIENT FINANCIAL POLICY STATEMENT

The physicians and staff of Family Health Center are committed to serving your needs as our patient and to make this experience as stress free as possible. Our PATIENT FINANCIAL POLICY STATEMENT is intended to describe our expectations regarding payment for the services we provide. Due to the current situation in the healthcare industry, we rely on payment from both health insurance companies and our patients in order to cover our expenses. Please read this notice carefully and feel free to question any item(s) that you do not fully understand.

1. Upon arrival, please sign in at the front desk – you will be requested to provide your current insurance card at every visit. Please inform us also of any change in your contact information (address, phone number, best method to reach you).
2. It is impossible for us to know the details of each and every insurance plan in existence today. It is your responsibility to understand your benefit plan. It is your responsibility to know if a written referral or authorization is required to see a specialist and what services are covered by your policy (e.g. preventative care vs. acute illness).
3. We reserve the right to charge a portion of the remaining cost for services where your insurance company's reimbursement does not cover our actual cost (e.g. immunizations, special procedures).
4. You are responsible for any and all co-payments, deductibles co-insurances and non covered services. For your convenience, we accept cash, checks, Mastercard and Visa. There is an ATM machine across the street.
5. If our physicians do not participate in your insurance plan or you have no insurance, payment in full is expected from you at the time of the visit.
6. Prior balances must be paid prior to your visit.
7. Co-payments are due at time of service. A \$10 processing fee will be charged in addition to your co-payment if not paid at time of service or by the end of the next business day.
8. Patient balances are billed immediately upon receipt of your insurance plan's explanation of benefits. Your remittance is due 15 business days after receipt of your statement.
9. Problems identified by your insurance company, such as, questions regarding overlapping coverage, will be sent to you on your statement. Please contact your insurance company immediately to resolve these issues to prevent the charges from becoming your responsibility.
10. If previous arrangements have not been made with our office, any account balance over 90 days old will be turned over to a collection agency. A processing fee will be assessed on all account balances that require collection agency intervention.
11. If you are unable to keep your appointment, please let us know immediately so that we can offer that appointment to another patient. A fee of \$25 may be assessed for appointments cancelled on short notice or failure to show at all for your scheduled appointment.
12. A \$30 fee will be assessed for any checks returned due to insufficient funds or other banking issues.
13. We charge a \$10 fee (minimum) to complete forms (school, camp, sports, disability, etc.) that do not require an office visit. Please allow one week for this service.
14. We charge \$1.00 per page (\$10 minimum, \$100 maximum) for Medical Record copying.

I have read and understand the above PATIENT FINANCIAL POLICY and agree to comply and accept responsibility for any payment that becomes due as outlined above.

Patient Name (please print) _____

Patient or Guardian Signature

Date