

FORNANCE PHYSICIAN SERVICES FINANCIAL POLICY

This financial policy statement is intended to help provide our patients with the best possible care and service while keeping the costs from increasing at an unreasonable rate. We ask for your cooperation with our financial policy.

We participate with most insurance company programs, but not all. Please check with the Billing Department to see if we participate with your insurance.

If we do participate with your insurance company, all services performed in our office and at the hospital will be submitted to the insurance company, unless we have received prior notification of non-covered services. All co-pays and deductibles are the patient's responsibility. All copays will be collected at the time of service. A surcharge in the amount of \$15.00 will be billed when co-payments and self pay balances are not paid at the time of service.

If we do NOT participate with your insurance company, this means that we will bill your insurance carrier but we will not accept their payment in full for the services performed. All insurance carriers have a schedule of fees from which they will pay, however, the physician fees may be more than what the insurance company will pay. Therefore, any balance not covered by the insurance company becomes the responsibility of the patient.

It is important for you to understand that your health insurance coverage is a business agreement between you and your insurance company to which you have both agreed. A doctor's bill is your responsibility to fulfill regardless of what arrangements you have negotiated with your insurance company.

HMO Insurance – Primary Care – As your Primary care practice/physician, it is your responsibility to make sure that this practice/physician is listed as your PCP on your insurance card. Any insurance denials due to the incorrect practice/physician will be billed to the patient and becomes the patient's responsibility.

Specialty Care – Managed care insurance may require referrals for services to specialists. It is the patient's responsibility to obtain the required referral prior to the time of the service. If a referral is not presented at the time of service, the patient will be responsible for payment in full for that service. All HMO patients are responsible for co-pays of varying amounts. Co-payments must be paid at the time of service. A surcharge in the amount of \$15.00 will be billed when co-payments are not paid at the time of service.

Payment for services performed – Payments can be made by the following: Cash, personal checks, money orders, Debit card, Visa, or Mastercard. We do not accept American Express or Discover Cards. All returned checks will be assessed a \$20.00 charge. All payments are expected at the time of service and any outstanding balances are due within 30 days, unless prior arrangements have been made with the Billing Coordinator. All balances that reach 90 days past due may be sent to a collection agency. Should your account be sent to a collection agency, you would be financially responsible for all collection fees and legal fees that our office incurs through the process utilized to collect the outstanding delinquent balance. Payment in full of any past due balance is expected prior to being seen in our office in the future. In addition, payment in full will be expected at the time of service for any future services. The practice reserves the right to refuse to transfer medical records to another health care provider until all outstanding balances are paid in full.

I have read and fully understand the financial policy set forth herein and I agree to the terms of this policy. I also understand and agree that the terms of this financial policy may be amended by the office at any time without prior notification to me.

Signature of Patient/Guarantor

Date