

Patient Financial Policy

This is an agreement between Family Medical Associates and patient. By executing this agreement, you are agreeing to pay for all services that are received if unpaid by your insurance company. This is effective as of Jan 1, 2009.

Monthly statement: Each month you will receive a statement if you have a balance on your account. This balance is due by the 15th of every month, unless you have made other arrangements with our billing department.

Insurance: The contract with your insurance company is between you and them. You need to be aware of any changes in your policy. It is the patient's responsibility to know their benefits.

Co-payments: Co-pays are due at the time of your appointment. For your convenience we accept all credit cards, cash and checks.

Returned Check: There is a fee of \$30 for any returned checks. The amount of the check and returned check fee must be paid by cash, credit card or money order. In the future alternative payment is required.

Past Due Accounts: If your account becomes past due your account will be sent to our in-house collection department. Once your account is in in-house collections then all balances are due before the next appointment, in full. This may result in referring your account to an outside collection agency if the account is left unpaid. After the account is sent to our collection agency, your account is due in full with no other exceptions.

Medical Records: Once we receive a medical release form signed by the patient, your records will be copied and mailed out within 15 days to another physician. If you would like a copy for yourself then there is a charge.

Refunds: Overpayments on your account will be refunded at your request.

Prescription Management Fees: If a prescription is requested and the physician agrees to refill without an appointment there will be a charge of \$10.00. This will not be billed to your insurance company.

Changes to account: If you have changed insurance or any other personal information in regards to your account you will be responsible to update this at the time of service. This information could help you to avoid any billing issues. If changes are not made and you receive a statement for a balance this could result in you being responsible for the bill. All insurance companies have filing deadlines.

Patient Signature

Date