
**The
Family Physicians
Group, P.C.**

Patient Financial Responsibilities

- Payment is required at time of service for all co-payments, deductibles, and co-insurance. The patient is responsible for all incurred charges. We will file insurance as a courtesy; however it is your responsibility to provide us with complete and accurate information at each office visit. Failure to do so will result in the patient incurring complete and total financial responsibility for all charges.
- Patients may be required to make payment arrangements on any outstanding balance with our billing department prior to seeing the physician.
- All patients are expected to provide their insurance card at the time of check in at each visit. All patients are responsible for making sure they know what benefits are included under their insurance plan and ensure they are following all the regulations/rules defined in their plan. We are more than willing to provide the care within your insurance contract guidelines if you let us know at EACH time of service.
- Patients are expected to make our office aware of any changes in insurance, telephone numbers or any demographic information.
- It is the patient's responsibility to inform us of any special requirements or specific facilities associated with your benefit plan. If we inadvertently order services, such as lab work, diagnostic tests, etc. that are not covered or ordered at an out-of-network facility, we or the selected medical facility will have no choice but to bill you directly for those charges. Payment for those charges is then your responsibility.
- A deposit will be required for all patients that do not have insurance coverage prior to seeing the physician. Payment in full is expected at the time of service unless billing arrangements have been made by our billing staff prior to the visit.
- We accept Cash, Checks, Visa, MasterCard, American Express and Cashier's checks.
- There is a \$39.00 return check fee for any check that is returned to our bank. This fee will automatically be assessed by a third party vendor and must be paid in full prior to the next visit.
- There is a minimum \$25.00 form fee for all forms that are presented to the office for completion. Examples include: FMLA, MVA, Disability, Adoption forms, etc.
- Payment in full or payment arrangements can be arranged on any outstanding balance. No payment activity in 120 days from the date of service will result in account being turned over to an outside collection agency. The patient will be responsible for all collection fees, costs, interest, and/or attorney fees and will be applied to outstanding balance.
- Any account that has a "bad debt" applied to it or has been turned over to a collection agency **MUST** be paid fully in cash or credit card before any treatment is rendered. Checks will not be accepted.
- **Failure to meet your financial responsibilities may result in discharge from the practice.**

Patient Signature

Date