

COMPLETE FAMILY CARE, LLC

FINANCIAL POLICY: The following information is provided to our patients to avoid any misunderstanding or disagreement concerning payment for professional services.

- Prompt payments help us control costs. Outstanding accounts cost us both money and time; therefore, all patients will be required to establish financial arrangements for their accounts.
- All patient co-payments are due and payable at the check in window upon registration per insurance guidelines. Arrangements may be made due to actual medical emergencies.
- The insurance information we receive from you must be correct and up-to-date in order to accurately submit your claims for payment. In the event that you do not provide the correct information in a timely manner, you will be responsible for any charges incurred during that time period.
- Your insurance coverage is a contract or agreement between you and your insurance carrier. It is your responsibility to remit payment for all charges not covered and to ensure that your carrier remits payment. This includes your requirement to contact your insurance company if claims remain unpaid. If a problem arises with your claim, you will be required to establish written financial arrangements with our practice until your insurance problem is resolved.
- It is your responsibility to get authorization for visits such as worker’s compensation related injuries before you are seen. Claims such as these or related to motor vehicle accidents are your responsibility if payment is not received. Third party claims are the patient’s financial responsibility at time of service.
- Our practice files primary insurance claims per our contracts with most insurance companies. We file secondary claims as a courtesy. Secondary information not received in a timely manner will become the patient’s responsibility to file said claim and payment will be expected from the patient. Statements are mailed monthly as a reference to your claim status.
- Your copay and payment towards your annual deductible(s) will be due at time of service per your insurance contract and office policy. A receipt will be provided to you at the time of payment in the event you wish to seek reimbursement from your secondary insurance company for your copay.
- If payment arrangements are needed, it is your responsibility to contact our billing office to make those arrangements prior to your appointment. We will make every effort to accommodate your needs. In the event that payment arrangements are made, each month you will receive a statement for services, which is due and payable on the agreed upon payment date.
- **Accounts 90 days or older without payment arrangements or pending insurance are delinquent.**
- **If your account is placed for collection activity, the doctor/patient relationship may be terminated. The doctor/patient termination includes medication refills as well. Any legal costs incurred in collecting your account balance will become the responsibility of the patient.**

Our practice believes that a good relationship is based upon understanding and open communication. Our staff has been instructed to make every effort available to you to respectfully clarify any misunderstanding you have concerning your balance. We hope to avoid any disagreement over payment for professional services.

COMPLETE FAMILY CARE, LLC places utmost importance on compliance with billing requirements of the federal government and other payers. If you have any questions concerning our policy or need assistance, please contact us immediately.

Signature of Responsible Party _____ Date _____

PATIENT NAME _____ DOB: _____

_____ I HAVE BEEN OFFERED A COPY OF THE HIPAA PRIVACY NOTICE.
(initial)