



Financial Policy

It is the aim of Family First Physicians (FFP) to have a Financial Policy that clearly outlines patient and practice financial responsibilities. We are committed to providing our patients with the best possible medical care and minimizing administrative costs. This Financial Policy has been established with these objectives in mind and to avoid misunderstanding or disagreement concerning payment for professional services.

CONTRACTED INSURANCE PLANS: FFP has preferred provider contracts with several major insurance companies. While we do our best to keep you informed, it is your responsibility to determine if our practice has a contract with ***your*** insurance company. Due to the many different insurance products, our staff cannot guarantee your eligibility and coverage. All co-pays are due at the time of service. Any additional financial portion that is the “member’s responsibility” such as a deductible or a non-covered percentage may be collected at the time of service. Please remember that insurance is a contract between the patient and the insurance company and ultimately the patient is responsible for payment in full. If your insurance company does not pay the practice within a reasonable period of time (60 days), you will be billed. If we later receive payment from your insurer, we will refund any overpayment to you or issue a credit to your account.

Initials _____

NON-CONTRACTED INSURANCE PLANS: If we are not contracted with your insurance company you may be asked to pay in full at the time of service. For your convenience, we will submit a claim to your insurance company for reimbursement. If the insurance company issues payment we will credit your account or issue a credit.

Initials _____

MEDICAID: We may accept Medicaid for low-risk obstetrics, well-woman care, newborn care (first month after birth), and breastfeeding issues. You must provide a current Medicaid card at each visit; otherwise we may request that you reschedule your appointment. If you do not have the baby’s Medicaid information available at the time of the exam we will hold the claim for up to 30 days, to allow time for the Medicaid number to be assigned. If you do not provide us with the Medicaid billing information within 30 days, we will change the account to “Self Pay-No Insurance”. At that point you are required to make payment within 30 days or you will be subject to rebilling fees and collection efforts. **Initials** _____

DIVORCE DECREE: We are not a party to any divorce decrees. The responsibility for payment and the presentation of active insurance cards at the time of service is the responsibility of the accompanying adult. **Initials** _____

PAYMENTS: We accept cash, personal checks and money orders. Any outstanding balances are due within 30 days of the statement. The second and each subsequent statement will be assessed a \$3 rebilling fee. It is your responsibility to contact us in a



Financial Policy

timely fashion with questions regarding your account. All balances reaching 90 days past due may be sent to a collection agency. Should your account be sent to a collection agency, you will be charged a \$20 service fee plus any additional legal fees assessed by the collection agency. **Initials** _____

RETURNED CHECKS: Checks returned to us by the bank will be assessed a \$35 returned check fee, in addition to the original amount of the check. You will have 10 days to clear up the outstanding check. If you have more than one returned check we will require payment by cash or money order for all future visits. **Initials** _____

MISSED APPOINTMENTS: We understand there will be times when a scheduled appointment cannot be kept. If you need to cancel or reschedule an appointment, we request that you notify our office 24 hours in advance. If your appointment is made for “same day” and you find yourself unable to keep it, please call to cancel with a minimum of one hour notice. If you do not cancel by the specified deadlines, a \$25 missed appointment fee may be added to your account. This fee is not payable by your insurance company and will be your responsibility to pay at or before your next appointment. **Initials** _____

RELEASE OF MEDICAL RECORDS: Copying, printing, mailing and/or faxing medical records require staff time and time away from patient care for our doctors. The fee for medical records is \$40. You must sign a release of medical records prior to the release of your records. **Initials** _____

SOCIAL SECURITY NUMBER: We are granting you credit by rendering services to you before you, or your insurance company, pays us for those services. Any merchant that grants you credit will require your social security number. Additionally, most laboratories to which we may send your lab work, biopsy specimens, etc., will require this information. If you choose to withhold ANY of the information our office requires to establish your medical record and account, then all fees for services rendered must be paid at the time of service. As a courtesy, we will submit a claim to your insurance company on your behalf. **Initials** _____

I have read and fully understand the financial policies of Family First Physicians, and agree to the terms. I also understand that the terms of these financial policies may be amended by the practice at any time without prior notification.

Signature: _____
Patient/Parent/Guardian/Legal Representative

Date: _____