



FINANCIAL POLICY

Thank you for selecting North Hills Family Medicine as your healthcare provider. Our personnel will be happy to discuss our fees and this policy with you at any time. Please read and sign this financial policy prior to seeing the physician. Payment for services is due at the time services are rendered. For any portion of your balance that is not covered by insurance, or for our private pay patients, we accept cash, check, VISA, MasterCard and American Express. **A current credit card will be kept on file. If you have not contacted our office within 30 days of receipt of your statement to dispute charges in error, the full amount will be charged to your credit card and a receipt mailed to you.**

1. Your insurance policy is a contract between you, your employer and the insurance company. We are NOT a party to that contract. Our relationship is with you. We cannot become involved in disputes between you and your insurer regarding deductibles, co-payments, covered charges, secondary insurance, and “usual and customary charges”.

We are, however, contracted with most managed care plans. Please present your insurance card at the front desk so that we can file a claim on your behalf. We will follow their guidelines for submission of claims, co-pay amounts, and reimbursements. Any contractual provider discounts will be deducted from your balance.

2. **All charges are your responsibility whether your insurance company pays or does not pay. Not all services are a covered benefit in all contracts. Some insurance companies and some employers decide what is a covered benefit and what is not. Please check your insurance plan document for any questions. Fees for these services, along with unmet deductibles and co-payments will be charged to the credit card on file. It is your responsibility to understand your benefits.**
3. **If your insurance company does not pay your claim within 30 days, it is your responsibility to contact your insurer to expedite payment. If your insurance company does not pay within 60 days, you will be responsible for payment.**
4. Returned checks and balances older than 90 days may be subject to collection placement and collection fees. All accounts with a balance over 60 days will be required to leave a credit card on file.
5. Please note that all cancellations must be made at least 24 hours in advance which allows us to care for other patients in need of our services. If you fail to cancel your appointment, you will be charged a \$25 fee which will not be covered by your insurance plan. There will be a \$25 nsf charge on all returned checks. **Both the cancellation service fee and nsf fee will be charged to the credit card on file.**
6. Occasionally a refund is due to you. We will issue a refund check after we have received payment from your insurance company. This check will be processed on the 15th and 30th of each month.
7. We understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such problems to our Office Manager, so that we can assist you in your management of your account.

Again, thank you for choosing North Hills Family Medicine. We appreciate the opportunity to serve you.

Patient's Signature: _____

Date: _____