

## **Christian Family Medicine Financial Policy**

We, at Christian Family Medicine, are committed to making your interaction with our office and staff both pleasant and successful. In view of this, we want to make you fully aware of our office's financial policy. Please read carefully. There is a place for you to sign at the bottom of the demographics sheets showing that you read and agree with this policy.

- As a courtesy to our patients, **we file insurance claims** for you with the **following exceptions**:
  - Patients receiving **Prolo Therapy**
  - Patients that have an insurance with a **carrier for which we are not providers**
  - In both of these cases, the patient is **responsible for payment in full at the time of the service.**
- It is the **responsibility of each patient to know what their insurance covers** and to know which services will need a pre-authorization.
- If you have **HMO coverage** and are required to **select a PCP** (Primary Care Provider) and have not done so or have not changed to one of our providers, you will be responsible for the visits until the PCP is selected or changed.
- It is the **responsibility of the patient to inform our office staff of any changes to your insurance.** We need to see your insurance card at the time of each visit.
- It is the **responsibility of the patient to pay your co-pay** at the time of each visit.
- It is the **responsibility of all Self-Pay patients to pay for your office visit as well as any procedures or labs done at the time of your visit.** If these are not paid within a week of your visit, the cost will increase to insurance pricing.
- Any **returned checks will be charged a \$25.00 service fee** which will be expected to be **paid in full** along with the returned check amount with cash, credit card or money order **prior to being seen again.**
- It is the **responsibility of the patient to let us know 24 hours in advance** if you need to cancel an appointment. If you do not show up for an appointment and have not called to cancel, you will be called. If there is not a valid reason for missing the appointment, you will be sent a letter explaining our charge policy. The next time you miss an appointment without letting us know 24 hours in advance, you will be charged a **\$25.00 fee for each missed appointment.**
- It is the **responsibility of the patient to set up payment arrangements for any past due balances.** We will send out 3 statements. At the time of the 3<sup>rd</sup> statement being mailed, you will receive a call. If there is still no payment you will receive a **final notice letter.** If no payment has been received within **15 days of the letter you will be turned over to our collection company and a collection fee will be assessed.** If you are turned over for collections you will not be seen at our office until your balance is paid in full. The same process applies to all accounts. Accounts with balances less than **\$40.00 will be put on hold and no appointment will be made until it is paid in full.**
- We are always **willing to work with you regarding any balances due**, prior to collection agency involvement; all you have to do is **call and ask for someone in our billing department.**