

Financial Policy

This is an agreement between Family First Health Center and the patient named on this form. In this agreement the words “you”, “your”, and “yours” means the patient. The word “account” means the account which has been established in your name to which charges are made and payments credited. The words “we”, “us”, and “our” refer to Family First Health Center. By executing this agreement, you are agreeing to pay for all services received.

Monthly Statement: If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance on your account, and any new charges to the account, the finance charge, if any, and any payments or credits applied to your account during that month.

Payments: Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid by the end of the month.

Charges to your account: We shall have the right to cancel your privilege to make charges against your account at any time. Future visits would then need to be paid at the time of service or you may be discharged from the practice.

Payment Options:

Cash _____ Check _____ Credit Card _____ Payment Agreement _____ at the time of service.

We accept: Visa, MasterCard, and Discover

Patient's Name _____

Responsible Party

(if not the patient) _____

Insurance: Insurance is a contract between you and your insurance company. We are NOT a party to this contract, in most cases. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any of the portions not paid by your insurance.

Financial Charge: A financial charge will be imposed on each item of your account which has not been paid within (30) days of the time the item was added to your account. The FINANCE CHARGE will be computed at the rate of one and a half percent (1.5%) per month or an ANNUAL PERCENTAGE RATE of eighteen (18%) percent. The finance charge on your account is computed by applying a periodic rate (1.5%) to the "overdue balance" of your account. The "overdue balance" of your account is calculated by taking the balance owed thirty (30) days ago, and then subtracting any payments or credits applied to the account during that time. The minimum finance charge is \$50.

Past Due Accounts: If your account becomes past due, we will take the necessary steps to collect this debt. If we have to refer your account to a collection agency you agree to pay all of the collection costs which are incurred.

Additional Information and Fees:

- There will be a \$25.00 fee assessed for all checks returned unpaid by banks.
- Prescription renewals are best completed during your office visit. If you need a prescription refill between office visits, we will provide this within 48 business hours. Prescription refills will be processed during office hours only. You may also use our online prescription refill request at any time.
- We request at least a 24 hour advance notice if you will be unable to keep your scheduled appointment (please call as (386) 492-1064 as soon as possible). Our policy is to charge \$40.00 for missed appointments unless cancelled at least 4 hours in advance. This fee must be paid before a new appointment is scheduled.
- Completing disability insurance forms paper work unrelated to the medical visit, and employer forms is not a medical service and is not paid by insurance. There is a \$25.00 fee for completing these forms. Please allow at least one week for completion. Please provide a pre addressed envelope for mailing or a FAX number if requested.
- There are also fees for copying medical records except when for continuation of care. A legal release is required. Please allow at least one week for records to be released.

Signature _____ Date _____

