APPLEGATE VALLEY FAMILY MEDICINE, LLC.

FINANCIAL POLICY

Payment is required at the time services are rendered. This includes applicable coinsurance, deductibles and co-payments for participating insurance companies. We accept cash, personal check, MasterCard, Visa, Discover and Debit cards. There is a service charge of $35.00 for any returned checks in addition to all bank fees.

Patients with a balance over 60 days old will be charged a monthly billing fee of $10.00. Account balances that are 90 days or more without payment will be turned over to a collection agency. The patient may then be suspended or discharged from care.

PATIENTS WITHOUT INSURANCE:

Our policy is to collect $150.00 at the first visit. Payment arrangements can then be made for any additional amount if requested. Payments for any future visits will be expected at the time of service.

INSURANCE:

We will bill your insurance companies as a courtesy to you. Due to the numerous health plans, it is your responsibility to know what your particular plan covers for your healthcare. You will need to keep us informed of any changes to your insurance coverage.

If you are insured by a health plan that we do not have a prior arrangement with, we will prepare and send the claim for you on an unassigned basis. Charges billed to non-contracted plans are often reimbursed at a lower rate resulting in a higher out of pocket expense for the patient. With some plans, charges may not be reimbursed at all. If the insurer sends the payment directly to you, it is your responsibility to reimburse this office for your account.

For services that are not covered by your insurance company, you will be responsible for the complete charge. Payment will be due upon receipt of a statement from our office.

PERSONAL INJURY/MVA

If your medical need is the result of a personal injury or motor vehicle accident, we will bill your carrier for you. Please provide us with all of the necessary billing information and claim numbers. We will ask you to sign a Disclaimer form.

WORKER'S COMPENSATION

We do not take OUT OF STATE Worker's Compensation cases or new worker's compensation cases that are in litigation. For worker's compensation claims, we will need the date of injury, claim number, adjuster's name, name of employer, copy of the completed 801 form and the worker's compensation carrier. We will ask you to sign a disclaimer form.

FORMS

There is a $15.00 charge for the provider to complete any forms for you unless you have an appointment specific to the reason the form needs to be filled out.

NO SHOW FEES

Along with our No-Show policy, we will charge a $25.00 fee for scheduled appointments that you do not cancel 24 hours in advance.

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If you have any questions or concerns, please ask a staff member.

I have read and understand Applegate Valley Family Medicine's Financial Policy. I agree to pay the established charges for all services rendered to me. I understand that payment is expected at time of service. I also agree that if it becomes necessary to forward my account to a collection agency or to take legal action, in addition to the amount owed, I also will be responsible for the fee charged by the collection agency and/or legal fees for the cost of collections.

I agree to assign insurance benefits to Applegate Valley Family Medicine, LLC, whenever necessary.

_____
Printed name of Patient

_____ _____
Signature of Patient or Patient Representative Date

Distribution:
(1) Copy for patient record
(1) Copy for patient or representative