APPLEGATE VALLEY FAMILY MEDICINE, LLC.

FINANCIAL POLICY

The following disclosures are made in compliance with the Federal Truth in Lending Law. Applegate Valley Family Medicine, LLC will extend credit to a patient with the understanding that;

- **Insurance** – It is the responsibility of the patient to know what is covered and excluded from his/her plan. You will be asked to provide a copy of your insurance card at the start of care, a change in insurance and/or a card/ insurance that has the reissued. If this information is not provided, the balance will be the patient's responsibility.
- **Secondary Insurance** – We will submit claims to your secondary carrier as a courtesy. You are responsible for co-pays, and any non-covered services provided. You are responsible for any balance after insurance has cleared.
- **Unusual and Customary Rates** – Our practice is committed to providing the best treatment for our patients and we will charge what is usual and customary for our area.
- **Monthly Payments and Outstanding Balance** – If you are not able to pay your account in full and need to make monthly payments, you will need to make a payment arrangement with our billing office. After this arrangement is made, the account will be turned over to our collection agency if it is met.
- **Service Charges** – We reserve the right to apply a billing charge of $10.00 per month to your account for balances after 60 days. A fee of $25.00 will be assessed to your account for any returned checks.
- **Payment Methods** – Unfortunately due to the nature of Applegate Valley Family Medicine, LLC and the fact that we do not have traditional 'office hours' we are only able to accept checks and money orders.

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 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.

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Printed name of Patient

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Signature of Patient or Patient Representative Date