

**FAMILY BEGINNINGS P. C.
PATIENT FINANCIAL POLICY**

Thank you for choosing us as your health care provider. We are committed to building a successful physician-patient relationship with you. Please understand that payment for services is a part of that relationship. The following is a statement of our Financial Policy, which we require you to read and sign prior to treatment.

PATIENT INFORMATION:

A fully completed, current patient registration will be on file in the patients chart. Patient registrations will be updated yearly and will include where the patient can be reached by phone. A signature by the responsible party is required. If there is a change of residence or phone numbers it is the responsibility of the patient to notify us of the change.

INSURANCE CLAIMS:

PRIMARY INSURANCE: Family Beginnings P.C. will file claims with the patient's insurance upon the patients submission of proof of coverage (i.e. insurance card, identification number and group number) Patient is also required to bring a copy of the policy stating services that are covered. In the event the patient has insurance coverage but cannot provide documentation, payment is due at time of service. Upon receipt of the insurance card? Family Beginnings P.C. will submit the health insurance claim form indicating patient payment at time of service.

SECONDARY INSURANCE: Claims will be filed with secondary insurance if adequate information is received at the time of service. However, if payment is not received in our office within 45 days after filing, the balance will be transferred to the patient and due upon receipt. While filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility for all services rendered.

PATIENT FINANCIAL RESPONSIBILITY:

If insurance is not to be filed by Family Beginnings P.C. or if Family Beginnings P.C. is not a participating provider, **FULL PAYMENT IS DUE AT TIME OF SERVICE.** Co-payments, deductibles, co-insurance and non-covered services are due at time of service.

We accept Checks, Visa, MasterCard , Money Orders and Cash.
There is a fee of \$25.00 for all returned checks.

FAMILY BEGINNINGS P.C.

THE PATIENT IS RESPONSIBLE FOR ALL FEES, **COVERAGE IS NOT A GUARANTEE OF PAYMENT.** IF CLAIM SUBMITTED BY OUR OFFICE IS DENIED, BALANCE WILL BE TRANSFERRED TO PATIENT. PATIENT WILL BE RESPONSIBLE FOR OBTAINING REIMBURSEMENT FROM INSURANCE COMPANY UNLESS PRIOR ARRANGEMENT HAVE BEEN MADE.

ASSIGNMENT & RELEASE

I hereby authorize my physician to furnish my insurance company (ies) or their representatives information concerning my illness or treatments. I hereby assign the payment of my insurance benefits to my physician for medical services rendered, .I Understand that I am responsible for any amounts not covered by insurance.

ACCOUNTS PAST DUE:

Visa and MasterCard payments are accepted by phone or fax.

In the event an account is turned over to collection, the person financially responsible for the account will be responsible for all collection costs. A patient may remit in full all outstanding charges after the account has been placed with collections but the collection charge will also be due even if presented at office. Family Beginnings is charged collection fees once the account has been processed through collections and is still responsible to repay fees collected in office.

ACCOUNT CONSULTATION:

Physicians do not discuss financial issues. Our billing staff is trained to discuss your account and will be happy to help you, but if you need further assistance, our Office Manager can be consulted as well.

MEDICAL RECORDS:

If you require a copy of you records there is a charge of \$15.00 for the first 25 pages and \$.25 for each additional page. This must be paid in full prior to receiving records. There is no charge for records to be sent to another facility but please notify us as soon as possible. Legally we have 30 days after we receive written authorization from the patient.

I have reviewed and understand the Family Beginnings Financial Policy.

SIGNATURE OF PATIENT / INSURED

DATE