

FINANCIAL POLICY

Patient Name: _____ Date: _____

Thank you for choosing us as your health care provider. We are committed to providing you with good health care. Please understand that payment of your bill is considered part of your treatment. We will bill insurance companies with the understanding that the insurance policy is a contract between you and your carrier. We are not a party to that contract. In the event your insurance company has not satisfactorily paid your account within 60 days of date of service, the balance will be transferred to you.

You Need to Make a Choice about Receiving Treatment

We will bill your insurance carrier for all treatment, injections, and services rendered by this office. Your insurance may not pay for all or any particular item or service. This does not mean that your doctor does not recommend that you receive that service. It does mean that if you choose to receive that treatment and the insurance company does not pay, you will be responsible for payment.

I understand that it is my financial responsibility to dictate which laboratory any specimens are to be sent to.

Listed below are some common services and treatments that may not be covered by insurance:

Shingles Vaccine	Prostate Screening	General Physicals
Pap Smear & Exam	Laboratory Tests	Drug Screenings
All Vaccines	INR Testing	School/Sports Physical
Allergy Testing	EKGs	Pre-existing conditions

In the event that your account balance becomes delinquent and we find it necessary to go to collection proceedings, you will be responsible for all costs and fees associated with the collection of this debt.

- **PRESCRIPTIONS:** *We require prescriptions to be processed at the time of your appointment. In the event that you need a prescription filled, you may contact your pharmacy and have them send us a "refill request." We require 48-hour notice on refills that are requested outside of your office visit. No refills will be issued on weekends and holidays. To provide the highest level of care, I understand that Ormond Family Care participates in E-prescribing and Rx Hub. Please see additional information on the Controlled Drug Agreement.*
- **Wellness Check visits** do not require a co-payment, however, if a prescription is written by the doctor or any additional procedures other than what a wellness check consist of then, I understand **a co-payment will be collected.**
- **BILLING AND COLLECTIONS:** As a courtesy, our office will file primary insurance claims only to those insurance companies that our physicians are in network with. All fees, non-covered services, co-pays, co-insurance, and deductibles are due **at the time of your visit. Financial arrangements may be made on request. Please ask to speak the office manager, not the doctor.**
- **RECORDS REQUEST:** *Our office will be happy to provide you with requested copies of your medical records for a charge of \$15.00 for the first 25 pages of records requested, then \$.25 for each additional page. There is also the cost of any postage if records are mailed. For your protection, if you need records from another facility that may be in your chart, you must contact that facility as we are not permitted to release any records other than our own*
- **LAB REQUISITIONS:** *As a patient, you are responsible for knowing and verifying which lab participates with your insurance.*
- **WORKMAN'S COMPENSATION AND ACCIDENTS:** *Our office is not a provider for Workman's Compensation. We do not see patients for injuries resulting, or relating, to third-party accidents.*

I have read and understand the policies of Ormond Family Care. I want to be treated, and I understand that I am responsible for the payment of all services.

Patient (Legal Representative) Signature

Date

Witness