Family First Health Care Yale-Lexington

FINANCIAL POLICY

This is an agreement between Family First Health Care, and you, the patient, named on this form.

Insurance is a contract between you and your insurance company. We will bill your insurance company as a courtesy to you. 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 portion of the charges not covered by your insurance. If your insurance company does not respond or pay in 90 days we will assume that all services were not covered. You will then be billed and expected to pay the total bill. Failure of insurance companies to fulfill their obligations is between you and your insurance company or your employer.

Payments/Copays are due at time of service for medical treatments or procedures that are not covered by your insurance company. This will include treatments that are deemed not a contractual benefit.

Please note that if lab work or other pathology must be sent to the lab, additional charges to you or your insurance company will be incurred.

Payments are accepted in cash, personal check, visa or mastercard. There is a fee of $30.00 for any check returned for any reason.

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.

If your account becomes past due we will take necessary action 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. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyer fees which we incur plus any court costs that are associated in collecting the debt. We shall have the right to cancel your privileges to incur charges to your account at any time. Future charges would then be paid at time of service.

You understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

We require written approval/authorization by your employer and/or workers compensation carrier prior to your initial visit. If your claim is denied, you will be responsible for payment in full.

If you are being treated as part of personal injury lawsuit or claim, we require that you allow us to bill your health insurance. In the absence of insurance, other financial arrangements may be discussed. Payment of the bill remains the patient's responsibility. We cannot bill your attorney for charges incurred due to a person injury case.

There is a fee for completing paperwork, payable prior to their completion. This includes disability form, FMLA forms, letters written on your behalf requested by you, adoption papers, etc.

Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

Patient's Name (print)____

Signature______________________________________ Date____________________