

Integrative Family Medicine – Financial Policy (5/2008)

Thank you for choosing Integrative Family Medicine for your healthcare needs. **Please review and sign the following Financial Policy. Your signature indicates you understand and agree to abide by this policy. This policy must be signed by all patients .**

Insurance: If you use health insurance, it is a contract between you and your insurance carrier. It is your responsibility to know the terms contained in your policy regarding coverage, co-pays, co-insurance, deductibles and non-covered services. If you have any questions about your insurance, you will need to contact your carrier directly. Current insurance cards must be presented once per year and whenever there is a change of information. **Initial:** _____

Referrals: If a referral is required by your plan for a specialist or diagnostic test, be sure to ask us for it a minimum of **48** business hours before your appointment. You need to provide us with the provider's name, provider ID #, fax #, location and reason for the appointment. **Initial:** _____

Pre-authorizations: A minimum of **72** business hours is required in order for our office to obtain pre-certifications. **Our office will not pre-certify out-of-network diagnostic services.** (Insurance companies simply deny these requests consistently.) **Initial:** _____

Co-Pays: All co-pays are due at the time of service, or a **\$10 charge** will be added to your balance. **Initial:** _____

Supplements: All supplement sales are final – **no returns**. Please keep receipts after each purchase if you need to track out-of-pocket expenses for tax reasons. There is a charge of \$10 for purchase summaries. **Initial:** _____

Outstanding Balances: If your account has an outstanding balance, you will be expected to pay or make payment arrangements before seeing the doctor. We accept cash, personal checks, MasterCard and Visa. If you have questions about your statement, please first call our outside billing agency Express Claims at 866-506-2344. **Initial:** _____

Self-Pays: All self-pay visits must be paid at the time of your visit. If you keep track of out-of-pocket expenses for tax purposes or Flexible Spending accounts, please be sure to request a receipt/superbill at every visit/purchase. **Initial:** _____

Missed Appointments: There is a missed appointment charge of \$35 assessed if you do not provide 24 hours notice. **Initial:** _____

Refills: 24 business hours must be given for all refills. Please call before you are out of medicine. Prior authorizations for medications take a minimum of **72 hours**. **Initial:** _____

Motor Vehicle Claims: We will not bill your motor vehicle insurance company if you do not have a copy of your motor vehicle insurance card, claim # and a contact name at your automobile insurance company. Motor vehicle claims must be paid in full at the time of service if this information is not available at the time of your visit. **Initial:** _____

Miscellaneous Fees:
\$20 – short-term disability, FMLA, leave of absence form completion. \$25 – returned checks
\$20 minimum – medical records \$20 minimum – medical letters \$10 – payments summary
Initial: _____

Patient Name (print): _____

Patient/Guardian Signature: _____

Date: _____