

FINANCIAL POLICY

- 1.) I hereby acknowledge and agree that I am voluntarily seeking health care services from Coal Creek Family Medicine and its providers. I understand and agree that payment for the services I receive is my responsibility. I understand and agree that Coal Creek Family Medicine may bill my insurance/third-party payor or other responsible insurance as a courtesy but is not obligated to do so.
- 2.) Co-payments are due at the time of service. We may ask that non-emergent appointments be rescheduled if you do not have your co-pay. Please send cash, check or a CC with your child. All children under the age of 18 must be accompanied by an adult or written consent from a parent. If your co-pay is not paid at the time of service, you will be assessed a \$10 fee in addition to your co-pay.
- 3.) A copy of the patient's insurance card is required on each visit to us. It is the patient's responsibility to make sure that any insurance information given to our office is correct and current. Failure to provide such information will result in patient financial responsibility for all services provided.
- 4.) **Self-pay patients** – I understand that I will be responsible for all charges related to the services provided to me by Coal Creek Family Medicine. **I understand that the charges presented to me are due in full on the day of service.** I also understand that these charges are solely in relation to professional services provided by the physician, and/or other services that are performed in the office. I will also be responsible for all fees billed to me separately from the Laboratory. These charges will be about all lab work up required to be sent to the Lab. All other services that require you to go elsewhere such as x-rays, MRI's, CT's, etc., are not included in your fee. You will be billed separately for these services from the practicing location.
- 5.) I understand that Coal Creek Family Medicine may charge me fees for cancellations with less than 24hr notice or failure to show up for a scheduled appointment. For office visit appointments (\$50 fee) for wellness exams/complete physical appointments (\$75) and for a procedure appointment (\$100). **I understand and agree that all fees are due when assessed and must be paid before another appointment will be scheduled.** I also understand and agree that a third no-show or a third cancellation with less than the required minimum notice may be grounds for discharge from Coal Creek Family Medicine.
- 6.) I understand that if any personal check returned to the office for insufficient funds will have a (\$25 fee) and all subsequent visits will need to be paid with cash, credit card or certified funds.
- 7.) I acknowledge, understand, and agree that it is my sole responsibility to determine what my health insurance covers, whether the health care provider I am seeing is a participating provider under my health insurance, and whether my health insurance covers the health care services I receive from or through Coal Creek Family Medicine. I understand and agree that I am solely responsible for payment of my entire account balance.
- 8.) If you schedule a well visit, also known as a complete physical, and issues other than wellness are discussed, a co-pay will be required for that visit if your insurance requires one. If you would like more detailed information, please ask the front desk.
- 9.) Our policy is to send 3 statements when your account has a balance. In the event of failure to pay for medical services rendered or fees assessed after such statements, I understand that I will be referred to a collection agency for non-payment of amounts due for services rendered and will be responsible for a collection fee of \$25 plus any agency, court, and attorney fees and costs associated with the collection process and that these fees and costs will be added to my account balance. Additionally, I understand that I will be discharged from the services of Coal Creek Family Medicine.
- 10.) Any medical records that are being requested to be copied will require a flat fee of \$25.00. This request will take a minimum of 2 weeks to be completed.
- 11.) If there are any legal agreements between divorced or separated parents, please make us aware immediately. Court Ordered Documentation will need to be provided to be scanned into your child's records for your protection and ours. However, it is the responsibility of the person bringing the child to the appointment to pay any co-pay as it is due at the time of service regardless of any financial ruling.
- 12.) Coal Creek Family Medicine encourages our patients to keep a credit card on file. This information will be securely stored. In providing us with your credit card information, you are giving us permission to automatically charge your card on file after 30 days for any balance you or any family member on your account may owe up to \$150. This in no way compromises your ability to dispute a charge or question your insurance company's determination of any claim.
- 13.) Our providers are available 24 hours a day, and you can have our on-call physician paged after hours for an urgent medical need. This call will likely incur a charge for either a telehealth visit or a telephone consult. Any copays and/or deductible will be applied based on your insurance policy and additional telehealth fees are likely to be assessed.

I ACKNOWLEDGE AND AGREE TO ABIDE BY THE GUIDELINES OF THIS FINANCIAL POLICY.

Printed Patient Name: _____ Date of Birth: _____

Signature of Patient or Legal Guardian: _____ Date: _____