

# Forum Family Medicine, PC

## OFFICE FINANCIAL POLICY & FEE DISCLOSURE STATEMENT

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Thank you for choosing Forum Family Medicine for your family's healthcare needs. We look forward to providing you with the highest quality of patient care and customer service. In an effort to maintain a good physician-patient relationship, we want to provide you with the most accurate and up-to-date information regarding our financial policies and procedures.

1. Please have your health insurance card with you every time you visit our office. You will also be asked to verify that the information we have on file is correct at each visit. If the insurance information you designate is incorrect, you will be responsible for payment.
2. If your health insurance plan requires that you designate a Primary Care Physician, you are responsible for providing that information to your carrier and verifying that our office and/or doctor's name and phone number appears on your insurance ID card.
3. According to your insurance plan, you are responsible for any and all copayments, coinsurance and deductible balances. We ask that you be prepared to pay your copayment and any balance due on your account when you arrive for your appointment. A **\$25.00 service fee** will be charged if you are not able to pay your copayment at the time of service.
4. If you have a secondary health insurance plan, please let us know and we will bill any balance from your primary carrier to your secondary health plan.
5. Please understand that due to the vast number of health insurance carriers and health insurance plans, it is **your responsibility to know your plan and plan benefits**. It is also your responsibility to know if a written referral or authorization is required by your plan to see a specialist, if preauthorization is required prior to a procedure and what services your plan does and does not cover.
6. If our physicians do not participate in your health insurance plan, payment in full is required at the time of service.
7. If you do not have health insurance, payment in full is required at the time of service. We offer a discounted fee for our office visits, procedures and lab work, which coincides with adjustments usual and customary for most health insurance plans.
8. Patient balances are billed via statement at the beginning of each month and remittance is due within 10 business days of receipt of your bill. There will be a **\$10.00 rebilling fee** added to any statement which is reprinted the subsequent month due to nonpayment.

9. Patient account balances which are over 90 days past due will be turned over to an outside agency for collection, unless arrangements have been made with our Business Office. Patients with accounts in collection will be terminated from the practice and asked to obtain their medical care elsewhere.
10. If you participate in a high-deductible health plan and/or you do not maintain your patient account at 30 days, you will be required to provide an HSA or personal debit or credit card to remain securely on file in our office. Once your insurance has processed your claim, our office will charge any remaining patient balance to the card number on file.
11. A **\$25.00 fee** will be charged for any checks returned due to insufficient funds.
12. We require **24-hour advance notice** when canceling an appointment. A **\$45.00 No Show Fee** will be assessed for all missed appointments and/or appointments that are canceled the same day.
13. We charge **\$45.00** to copy and transfer medical records.
14. We charge **\$25.00** to complete any medical forms over 4 pages in length. Please allow 3-5 business days for our office to complete medical paperwork.

If you have any additional questions regarding our Office Financial Policy and Fee Disclosure Statement, please ask to speak with the Office Manager or a Business Office Representative.

Thank you,

Phillip Quintana, MD

Laurence Tormohlen, Jr., MD

Melissa Chik, PA-C