



Patient Financial Agreement

We have developed this payment policy to provide clear expectations about your financial responsibility for the services you receive here. Please READ EACH SECTION and check the box next to it when done, indicating that you understand the financial obligations of being a patient at this practice. If you have questions, please let us know.

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| <input type="checkbox"/> 1. Insurance
We participate in most insurance plans, but it is the patient's responsibility to verify that you are seeing an in-network provider. Just ask us! | <input type="checkbox"/> 6. Missed appointments (no-shows)
All appointments that are not cancelled within 24 hours of the appointment time, will be assessed a \$45 no-show fee. |
| <input type="checkbox"/> 2. Copayments, Coinsurance & Deductibles
Your copayment is always due at the time of service. If you have any open balance on your account, you will also be asked to pay that amount at check-in. | <input type="checkbox"/> 7. Monthly statements
Monthly statements are sent out on the 20 th of each month, both to your patient portal and via US MAIL. Any balance that remains unpaid after 30 days will incur a \$10 finance charge. |
| <input type="checkbox"/> 3. Patients without insurance
We offer "self-pay" rates for patients without medical insurance. Please visit our website for those rates, or ask the receptionist for a copy of our fee schedule. | <input type="checkbox"/> 8. Termination from the practice
Any patient balance that is unpaid at 90 days will be turned over to an outside agency for collection. Patients who have been turned over to a collection agency will be terminated from the practice. |
| <input type="checkbox"/> 4. Balance due notifications
All patients will receive a text message when their insurance carrier completes claim processing. All balances are due upon notification. If you have a credit card on file agreement, that card will be charged 2 business days after you receive text notification. | <input type="checkbox"/> 9. Insurance Claim Submission
In order to submit your claim to your insurance carrier, we must have your written authorization to do so. By signing this agreement below, you are providing that authorization. |
| <input type="checkbox"/> 5. Credit card on file agreement
Our office policy is to keep your credit card on file for any outstanding balance. The card number is securely stored in an encrypted format for patient safety. | |

I have read and understand the financial requirements of being a patient at Forum Family Medicine, PC.

Patient Signature & Date

X
