**Financial Policy**

**North Chattahoochee Family Physicians, LLC**

We are dedicated professionals providing the best possible care to our patients, and we want you to completely understand our financial policies.

1. We have contracts with many insurance companies that we accept. Even though we take most of the major medical insurance plans, we may not be on that type of plan that your company has selected. It is your responsibility to be sure of proper coverage before being seen by our providers. As a general policy, our office does not file any third party insurance **(auto, home owners, or other liability insurance.)**
2. Your co-pay is expected at the time of your visit. This includes each office visit, nurse visit or lab visit.
3. If you have no insurance coverage, payment for an office visit is to be paid at the time of service.
4. Payment is due and expected in full at the time services are rendered unless other arrangements are made prior to your appointment. **This includes deductibles,**

**co- payments, co-insurance and non-covered services.**

1. Patients with an outstanding balance **30 days** or more overdue must make arrangements for payment prior to scheduling appointments.
2. Patients with an outstanding balance **60 days** or more will be turned over to our collection agency **Carter-Young**. Patients will be responsible for the balance plus any collection fees that accrue.
3. Scheduling is a vital part of our practice. We kindly ask that you give us a 24-hour notice if you need to cancel you appointment.
4. Missed appointments will be charged a fee of **$35.00**. Chronic missed appointments may result in termination from our practice as a patient. This is determined by the provider.

**I have read and understand this office financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_