

BILLING AND PAYMENT AGREEMENT

Welcome to Family First Medicine. We are happy that you have chosen us as your primary care medical office. Finances are always a sensitive subject to address; however, we believe that it is important to address insurance and payment issues at the onset of our relationship so that there are no issues for either of us once we begin.

- Most people chose a doctor who is approved by their insurance company. Therefore, all initial paperwork must be completed correctly in order for us to receive third party insurance payment so that you do not incur any unnecessary costs. [L] [SEP]
- Your individual insurance company sets your co-pay. You may also have a deductible that has to be met before the insurance will begin to pay for services. You pay this directly to your doctor's office and then when the deductible, (if any) is met, the insurance will begin to pay. This varies from company to company, so it is to your advantage to check with your company's benefit coordinator before you come in for your visit. [L] [SEP]
- We cannot charge the insurance company for missed appointments; therefore it is our policy to charge \$25.00 for cancellations of less than 24 hours prior to a scheduled appointment and \$50.00 for no call no show. Remember that you have committed for that time and have blocked out a physician's time to others. There will also be a \$45.00 service charge for all returned checks. [L] [SEP]
- If you should change insurance companies, let us know so that we can check to see if your coverage is the same. Should you change insurances and not inform us, you may become individually liable for visits that could have otherwise been covered under your new insurance. It is important that you let us know whether more than one insurance company covers you, and if so which insurance is primary and secondary so that we can bill the primary company first or your second insurance will be null and void. [L] [SEP]
- We hope that this will clear up any questions you may have about the clerical end of your visit with us. Please feel free to ask any questions you have. [L] [SEP] By your signature it is understood and agreed that you are directly responsible for payment for the services rendered whether or not your insurance is involved. If it becomes necessary to go outside of the office to any agency for the collection of fees, you will be charged for the additional expenses. [L] [SEP]

• Signature: _____ Date: _____ [L] [SEP]