

FINANCIAL POLICY AGREEMENT
Patient's Name: DOB:
Payment is required at the time of service. This includes all copayments and self-pay fees
You will also be responsible for any coinsurance, deductibles, and non-covered services.
Individual insurance policies have varied coverage for things like frequency of preventive visits or physicals, non-preventive services, blood work or labs, travel vaccinations, etc. While we make every available effort to assist you, understanding the details of your coverage is your responsibility.
Preventive Visits
If you have an appointment for your physical and your physician identifies a specific
medical issue, or you ask the physician to address a specific medical issue, you will be
charged for both your physical and a code related to the other medical issue. These
services are generally covered by your insurance at the contracted fee schedule.
However, because some insurances require a copayment or deductible for medical visit
that are not strictly for preventive care, you may incur these charges for your visit.
There may also be a charge for <i>lab work</i> that is considered non-preventive. If you prefe
to address these in separate visits please inform your physician and we will be happy to
schedule an additional appointment.
If you have any questions about our payment policies, please ask to speak with our billing staff. Note that Labs and Radiology Imaging Tests (X-Ray, etc.) are billed separately by those offices so please contact them directly for any Lab or Radiology bills.

Date

Relationship

Rev March 2015

Print name

Signature of Patient/Guarantor/Authorized Guardian