

**Churchland Family Medicine, P.C.**

**Financial Policy**

We would like to inform our new patients of our policies and update our current patients on any changes we may have made. The physicians and staff at Churchland Family Medicine, P.C. thank you for choosing our practice. Feel free to contact our Office Manager if you have any questions or concerns.

**Please Read All Information And Acknowledge By Signing Below**

1. We ask that you be prepared to present your insurance card at each visit. It is your responsibility to provide us with the correct information to bill your insurance. If you do not have a current insurance card we may have to reschedule your appointment.
2. Please notify the front desk if you have any change of address, telephone numbers or insurance.
3. We will collect your deductible, co-payment or charge for non-covered services at the time of your visit. If you have a balance after an insurance payment from a previous service, we will also ask for that payment. We accept cash, checks, Visa and MasterCard.
4. If you do not have insurance at the time of your visit you will be registered as a self-pay patient and you will be expected to make payment in full at the time service is rendered.
5. If your insurance denies our charges or does not pay us in a timely manner, or if your account becomes delinquent we reserve the right to refer your account to a collection agency.
6. There will be a \$25.00 fee applied to your account if a check is returned to us for non-sufficient funds.
7. It is important that you notify us as soon as possible if you are unable to keep your appointment. This will allow us time to fill that appointment slot and schedule more efficiently. Please call us twenty-four hours in advance if you need to cancel or reschedule an appointment. There will be a \$25.00 fee added to your account for any appointment that is not cancelled in advance.

Your insurance is a contract between you, your employer and the insurance company. We cannot guarantee payment of all claims. If your insurance pays only a portion of the bill or rejects your claim, any contact or explanation should be made to you, their policy holder. Reduction or rejection of your claim by your insurance does not relieve you of your financial obligation.

I have read and understand the financial policy of Churchland Family Medicine, P.C.

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