

---

## Financial Policy

We are happy that you have selected Family Medicine Associates for your healthcare needs and we look forward to working with you. To help you understand your financial responsibilities in relation to your medical care, we would like to briefly outline our financial policies.

**Patients are financially responsible for all services provided, and are expected to pay for services received on the same date that the services are rendered.**

### Medicare

The office will bill the Medicare intermediary. Patients are responsible for the **annual Medicare deductible** and for the **twenty (20) percent copay for the allowed or limiting charges**. Medicare patients are also responsible for any **non-covered services for which a waiver was signed**. (A waiver is required when a Medicare patient requests to purchase supplies or services that are not reimbursable by Medicare). The patient is responsible for the **balance** at the time of service.

### Medicare Supplemental

The office will bill both Medicare and secondary insurances. If you have a tertiary (third) insurance coverage, we will be happy to file it as a courtesy to you on a one-time basis only.

### Medicaid

Medicaid patients are to provide the clinic with a **current Medicaid card** with every visit. Medicaid patients are responsible for **all non-covered services**.

### HMO

Patients are responsible for payment of the **copay** at the time of the appointment as well as for any charges for which the patient failed to secure prior authorization. If the patient is not prepared to pay the copay at the time of the appointment, the Medical Assistant or nurse will determine if it is medically necessary for the patient to see the physician. If the patient's condition allows, the appointment will be rescheduled.

### PPO

Patients are required to pay any copays (flat rate or percentage of charges) or **deductibles** upon check-out.

### Commercial

Patients are responsible for any **copays, deductibles, or non-covered amounts**. Insurance is billed as a courtesy, and patients are responsible for the **balance in full** if not paid by the insurance within 30 days.

### Self-Pay

**Patients are responsible for payment in full at the time of service for all services rendered.**

### Workers Compensation

Patients are not responsible for any charges unless the workers compensation case has been dismissed.

### Personal Injury/Motor Vehicle Accidents

The patient is ultimately responsible for the balance in full. Any settlement you receive from your insurance company will be handled by yourself, your insurance company, and/or your attorney.

Signature \_\_\_\_\_

Date \_\_\_\_\_