

FORD-TEL MEDICAL CENTER FINANCIAL POLICY

YOU ARE FINANCIALLY RESPONSIBLE FOR THE SERVICES WE PROVIDE TO YOU. IT IS YOUR RESPONSIBILITY TO UNDERSTAND YOUR INDIVIDUAL INSURANCE COVERAGE PRIOR TO SEEKING OUR MEDICAL SERVICES.

We will file a claim with your insurance company. However, the patient is responsible for the bill if insurance company does not pay. We require payment for service not covered by insurance plans and co-payments at the time of the service.

Patients without insurance:

Patients will be requested to make full payment for the office visits at the time of service. For immunizations or minor surgical procedures the full amount must be paid before the services are rendered.

Medicare patients.

We accept Medicare assignments. We will bill your secondary insurance if you provide us with proper insurance information. You are responsible for coinsurance and deductible, and charges for not covered services. You will also receive an explanation from Medicare indicating how much you owe.

Private insurance patients.

We accept assignments for most insurance companies. You will be required to pay co-payment as well as coinsurance, deductibles and price of non-covered services at the time of the service. Please be informed that Medicare and private party payers forbid altering the fee schedule. Please, do not ask us to waive your co-payment or deductible.

HMO patients

You must be assigned to one of our physicians at the time of the service. If you are assigned to a physician at another location, you will be expected to sign a waiver and take full responsibility for the payment.

Preparation of the forms for Disability or other documents:

There is a charge of \$15 for each form. There is no fee if appointment is scheduled to complete the form.

Charges for medical records:

Upon execution of the appropriate authorization we will prepare the copies of your medical records for \$0.25 per page.

Methods of payments:

We accept cash, check, Visa, and Master Card. There is a \$25 fee for returned check.

Prior balance:

Patients with prior balances must pay in full before seeing a physician.

Collection procedures /Payment arrangements:

Payment by the patient is a responsibility of patient in a patient-physician relationship. Prompt payment for the services is expected. Failure to comply or respond to communication from our billing company may result in discharge from the practice and / or involvement of an outside collection company.

Patient name: _____

Patient signature: _____ Date: _____