

Anchor Bay Clinic Family Medical Center, P.C.

FINANCIAL POLICY

We are dedicated to providing the best possible care for you, and we want you to completely understand our financial policies. In order to reduce confusion and misunderstandings we have adopted the following financial policy.

1. Payment is due at the time of service unless arrangements have been made in advance by your carrier. We accept Cash, Check, Visa, MasterCard, and Discover.
2. Your insurance policy is a contract between you and your insurance company. As a courtesy we will file your insurance claims for you. If your insurance company does not pay the practice within 60 days from the date of service we will have to look to you for the payment in full.
3. If you have insurance coverage with a plan we do not participate with, we will prepare and send the claim for you. However, payment is expected at the time of service.
4. All health plans are not the same and do not cover the same services. In the event that your health plan determines a service to be "NOT COVERED", you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.
5. If you receive payment from your insurance carrier when the payment should have come directly to our office, you are to bring the check and explanation of benefits (or attached paperwork) into this office. Failure to do so will result in collection action.

I have read and understand the practice's financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.

Signature of patient or responsible party, if patient is a minor.

Date

Please print the name of the patient

Date