

Please print name: _____ DOB: _____

Patient Signature: _____

Date: _____

Financial Policy
North Chattahoochee Family Physicians, L.L.C.

We are dedicated professionals providing the best possible care to our patients, and we want you to completely understand our financial policies.

1. We have contracts with many insurance companies to accept an assignment of benefits for our services. Even though we take most of the major insurance plans, we may not be on the type of plan that your company has selected. In order for us to do this:

- A. **A valid insurance card must be presented at each visit.** You are responsible for knowing your benefits and that we can accept and participate in your plan.
- B. **Your co-pay is expected at the time of your visit.** This includes each office visit, nurse visit or lab visit. We accept Visa, MasterCard, check or cash.

2. As a service to you we will file your insurance claim for you. You will be billed for any amount not covered by the insurance company. **Payment is due upon receipt of your statement from our office.**

3. If you are insured by a plan that we are not contracted with, we will give you a completed fee ticket for you to submit to your insurance company. The insurer will send a payment directly to you. **Therefore, payment for your care is due at the time of visit.**

4. Scheduling is a vital part of our practice. Our physicians and staff work very hard to meet the needs of our patients. We kindly ask that you give us a 24-hour notice if you need to cancel your appointment in order for us to care for other urgent patients.

5. Missed appointments will be charged a fee of \$50.00. Chronic missed appointments may result in termination from our practice as a patient. This will be determined on a case by case basis.

These terms may be amended by our office from time to time.

Thank you,

North Chattahoochee Family Physicians