

Financial Policy

Thank you for choosing Alliance Family Practice as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy.

FULL PAYMENT OF PATIENT OBLIGATIONS IS DUE AT THE TIME OF SERVICE
WE ACCEPT: Cash, Checks and Credit Cards

Regarding Insurance

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event that we do accept assignment of benefits please be aware that some, and perhaps all of the services provided may be non-covered services under your plan and you will be 100% responsible for these charges. It is your responsibility to:

- Ensure our providers actively participate with your insurance carrier.
- Know your benefit coverage, as well as your dependents prior to receiving service.
- Ensure that all pre-approval requirements are met to avoid denials or out-of-network benefits.

Please remember that we must receive your billing information at the time of each visit in order to meet claims submission guidelines set by your insurance plan. If either the practice or the plan fails to receive accurate information to process your claim, you will be held responsible.

Regarding Insurance Plans where we are participating provider, all co-pays and deductibles are due at the time of treatment. In the event that your insurance coverage relates to a plan where we are not a participating provider, you will be 100% responsible for all charges incurred.

To summarize, your financial responsibility pertains to:

- Denied and Non-covered services
- Services deemed not medically necessary by your insurance company
- Co-payments, deductibles, co-insurance
- Pending claims due to lack of patient and/or guarantor information
- Non-insurance and/or out-of-network benefits

If you fail to receive an Explanation of Benefits (EOB or EOP) from your plan within 45 days of treatment, we suggest you contact your insurance plan to determine benefits, as they may not have made payment. Payment not received in 60 days may be transitions to patient responsibility and you may be required to make other payment arrangements.

Missed Appointments

Unless canceled at least 24 hours in advance, our policy is to charge \$25.00 for missed appointments. We will not file nor will insurance plans pay for this charge, so please help us serve you better by keeping or canceling in advance scheduled appointments.

Collections

Any past due balance not paid will be turned over to a collection agency after 90 days.

Thank you for understanding our **Financial Policy**. Please let us know if you have any questions.

I have read and agree to this **Financial Policy**:

X _____ Date: _____
Signature of Patient or Responsible Party