



## Patient Financial Policy and Agreement

Thank you for choosing First Street Family Health as your health care provider. Payment of the bill is considered an important part of that partnership.

**No insurance:** Payment will be due at the time of service. We accept credit cards, checks and cash. There is a 20% discount when paid at the time of service.

**Discount Fee Policy:** Discounts are offered to uninsured patients based upon family/household size and annual income. A sliding fee schedule is used to calculate the basic discount. See our separate policy documentation and application.

**Insurance:** Although we are contracted with many insurance companies, it is your responsibility to make sure that our physician is in your plan. It is your responsibility to know your insurance benefits. As a courtesy to our patients, we file the primary insurance forms from our office. PER OFFICE POLICY, PLEASE PROVIDE YOUR INSURANCE CARD WITHIN 30 DAYS OF SERVICE OR YOU WILL BE RESPONSIBLE FOR THE BILL. Your insurance may not cover the full cost of your physician's services, including co-pays, co-insurance, deductibles and non-covered services or items received. Your copay is required at the time of service, as per the contract you signed with your insurance company. You may receive a statement from our office for any balance due. If you disagree with the bill, contact your insurance company as soon as you receive the bill. If you have a High Deductible Health Plan, please know the amount of your deductible. Regardless of whether you have insurance, PAYMENT REMAINS YOUR RESPONSIBILITY.

**Auto Accident:** If your injury is a result of an auto accident, you are required to pay for services and then collect from the auto carrier. We will not file your insurance but will provide you with a receipt to do so.

**Workers Compensation:** If your injury is due to an accident in your work place, please inform the receptionist immediately. You will need to contact your supervisor for a claim number and adjuster's name.

**Returned Checks:** Returned checks are charged \$20 if they are returned by your bank for any reason.

**Medical Records:** We will provide you a copy of your medical records upon request and for a fee. You will need to sign a letter of release prior to having them copied. Please ask the receptionist for the fee schedule. Allow 5 days from the time of your request.

### **Acknowledgement**

I acknowledge that I have received and read a copy of the First Street Family Health **Office Policies and Patient Financial Policy and Agreement**. I authorize and consent to the release of medical information necessary to bill and process insurance claims. I authorize payment of medical benefits directly to the physician. I hereby give consent to the physician and staff at First Street Family Health to render such care and treatment as might be required by my condition. Such care can include, but is not limited to diagnostic procedures such as laboratory and imaging, examinations, rehabilitation, medical treatment and injections.

---

Signature/Patient or Guardian

Date