

Flora Medical Clinic Financial Policy and Assignment of Benefits

Thank you for choosing Flora Medical Care for your healthcare needs. We're committed to providing the best health care possible. The following explains our Financial Policy which we ask you to read, initial, and sign below.

_____ Please bring your most current insurance card at each and every visit along with a valid form of ID.

_____ The ultimate financial responsibility of the healthcare service provided in our office belongs to the patient or the responsible party.

_____ In order to accommodate the needs of our patients, we have enrolled into numerous insurance plans. While the practice attempts to verify coverage for services, knowledge of coverage and limits for your specific plan is the patient's responsibility. We recommend that you get familiarized with your plan benefits by calling your insurance company.

_____ We use Clinical Pathology Laboratories (CPL) for lab specimens such as PAP smears, urine/wound/throat cultures, or skin pathology, as well as for bloodwork. If your insurance requires that you use a different lab, it is your responsibility to notify our office every time you are seen to ensure that specimens are sent to the appropriate place. Once a specimen is analyzed it is impossible to change the billing.

_____ When we send a claim on your behalf to your insurance company, you are assigning your insurance benefits directly to us.

_____ Co-pay, co-insurance, deductible as well as payments for any supplies will be due at the time of service. We accept cash, checks, all major credit cards including Mastercard, Visa, Discover and American Express. Returned checks will incur a \$25 charge.

_____ If we are out of network for your particular insurance, payment in full at the time of service is required. We can supply you with paperwork related to diagnosis, level of service and charges so that you may submit the claim yourself and get reimbursed by them directly to the extent allowed by them for using out of network services.

_____ If you do not have medical insurance, payment is due in full at the time of service and may be eligible for a prompt pay discount.

_____ Balances left unpaid for more than 90 days without further arrangements may be subject to dismissal from practice, collections involvement, and notification of your insurance company.

_____ Late Appointments: We understand that there are last minute emergencies and conflicts and ask that you please notify us as soon as you can when you are delayed. Patients that arrive late may receive a shorter appointment than originally scheduled, or may be asked to reschedule.

_____ Missed Appointments: We ask that appointments be cancelled with at least 24 hours' notice. Appointments that are missed without notice or cancelled with less than 24 hours' notice will incur a \$50 fee. Patients missing three or more appointments without notice may be asked to leave the practice.

Patient's or responsible party's signature: _____

Printed name: _____

Date: _____