**Financial Policy**

 **Franktown Family Medicine**

Thank you for choosing Franktown Family Medicine as your primary care health provider. We are committed to providing quality health care to you. Please understand that payment of your bill is considered part of our professional relationship. The following is a statement of our Financial Policy, which we require you to read and sign prior to treatment.

**Time of Service Fee Schedule:**

The time of service (TOS) fee schedule applies to our standard fee schedule within the office. The TOS fee schedule is available to all, including patients and insurance carriers. Pre-payments or payments made at the time of service (check, cash, credit card) receive a substantial cost savings due to reduced practice overhead expenses and claims processing, collecting and follow-up.

**Regarding Insurance:**

*We will do our best to verify your insurance coverage. However, please be aware that your insurance company will not guarantee benefits over the telephone. They will give an explanation of benefits, but actual benefits are determined when the claim is received by your insurance company. Please be aware that some and perhaps all of the services provided may be non-covered services and may not be considered reasonable and necessary under Medicare and/or other medical insurance.*

*You are ultimately responsible* for understanding your policy and the coverage your insurance company provides. *You are also responsible for any unpaid insurance cla*ims. Payment is expected upon notification from your insurance company that a claim was denied, applied to a deductible, or not covered under your plan.

You are also responsible for any portion of your bill that your insurer does not pay for (except managed care fees that are stipulated in your insurance policy).

You may have a ***deductible*** that needs to be met before your insurance company covers charges. A deductible is the amount you must pay out-of-pocket before your insurance company pays any benefits. Payment is due for your deductible at the time of service.

After your deductible has been met, you may still have a ***co-payment*** due on each visit. Payment for your co-payment is due at the time service is provided.

We will bill your insurance company for all applicable charges. Supplements are generally **not** a covered expense.

If your insurance company is **not** one that we are contracted with, full payment is expected at the time of service. We will be happy to provide you with a receipt that you may submit to your insurance company.

If you are insured through an HMO provider, you are responsible for obtaining a referral before your visit. If you need assistance with this, please call our office before your visit.

**Regarding Acupuncture / Physical Medicine:**

It is possible that these services are covered benefits under your current insurance plan. However, we are not contracted with most insurance companies to provide these services. We will bill acupuncture and physical medicine service to your insurance company only if a) we are contracted with your insurance company to provide these services, b) these are covered benefits as part of your insurance plan and, c) the appropriate verification of coverage and authorization is obtained. If these services are not covered by your insurance plan, or if we are not contracted with your insurance company, full payment is expected at the time of service.

I have read and understand the foregoing financial policy.

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