



BILLING POLICY-JAN 2016

PATIENT NAME (PRINT): _____

NCFMG is contracted with and will bill for services to various insurance plans on your behalf. However each plan may have individual networks with which we are not contracted. ***It is strongly recommended that you verify the correct PCP assignment and/or network participation with your insurance company's customer service number to avoid unforeseen patient financial responsibility.*** In most cases, we do not accept Workers' Compensation nor do we bill third parties such as Motor Vehicle Insurance or Attorney offices. We are contracted with few Covered CA plans at this time, please check with your insurance to make sure we are contracted. Our staff will assist as well; however, the patient ultimately accepts responsibility for assuring that the insurance is accepted at our office.

Depending on your insurance type, NCFMG can perform limited laboratory services and procedures. If your insurance type mandates us to use outside contracted facilities, we will refer you to these facilities. Any billing concerns with these referred services must be communicated with the outside facility's (Laboratory or Imaging Center) billing department.

PAYMENT POLICY

Co-payments, deductibles, charges for non-covered services or cosmetic services are due and payable at the date of service. We accept Cash, Check, Visa, Discover and MasterCard. There is a \$25 charge for returned checks. Charges for non-covered and cosmetic services or cash patients will receive a 50% discount when applicable when paid at the time of service, except for travel consults which receive a 20% discount. We do not bill for co-payments; you may be required to reschedule your appointment if you arrive to your appointment with no method of payment. A \$15.00 fee will be applied if, due to extenuating circumstances, we do have to bill for your co-payment.

FORM FEES

Form completion is a non-medically necessary additional service requested by the patient and is not billable to insurance. Payment is required upon form completion. Please contact our office to inquire about fees.

COLLECTION POLICY

If no payment is received on your account 90 days after your responsibility is determined, the account will be automatically transferred to an outside collection agency and you may be terminated from the practice. To avoid this, we highly recommend open communication with our billing department. We understand that many patients suffer from financial hardships. We are willing to work with you to arrange manageable payment plans or discounts in order to continue our relationship as your healthcare provider, but can not do so if statements and phone calls are unresponded to.

MISSED APPOINTMENT POLICY

A 12 hour advanced notice is required if you must cancel or change your appointment. Our scheduling department is available daily from 8:00 AM to 5:00 PM to help schedule a convenient appointment for you, please press option #4 when calling the office. In case of a last minute schedule conflict that results in you having to cancel an appointment scheduled for the following day, our office can be reached from 5:00 PM to 8:00 PM during urgent care hours and we have a voice mailbox available 24/7 to take any cancellation notices.

If a scheduled appointment is missed without giving a 12 hour advanced notice, there is a \$25.00 charge applied to your account and is not billable to insurance. Please note that excessive missed appointments may be grounds for disengagement from the practice.

Our policies are created to allow for more effective scheduling and to ensure all patients wishing to be seen may be accommodated. Please help us better serve you by notifying us as soon as possible if you must change or cancel your appointment.

Patient/Guardian Signature: _____

Date: _____