

Financial Policy

We know that choosing a physician is a very important decision and we thank you for choosing Palmetto Family Medicine. Carefully read this overview of some of our financial policies.

INSURANCE CARDS: You will be asked to provide your insurance card(s) at every visit.

This is to confirm that the information we have is correct, that your plan is current, and one in which we participate. Out-of-date cards with incorrect information or the wrong insurance cards can cause unnecessary delays in the payment of your claim. Frequently, small changes (for example, a group number change or plan change) may not be considered significant by the patients, but the insurers will not process claims that are not 100% accurate.

CO-PAY: All office co-pays are to be collected at the time of service. This is an insurance company policy. We accept checks, credit cards and cash.

COVERAGE: The agreement of the insurance company to pay for medical care is between you and the carrier. We will submit insurance claims for our patients. However, you should direct any questions and/ or complaints regarding coverage to your insurance carrier, your employer (if in a group plan), or to your agent.

Insurances vary in their coverage, and it is the patient's responsibility to understand his/her medical benefits. There may be limitations and exclusions to coverage. The patient portion is set by the insurance company. Patients are responsible for any co-insurances, deductibles, and any other non-covered billable services. In the event your health plan determines a service to be "not covered" or you provided incorrect or late insurance information, you will be responsible for the complete charge unless other arrangements are made. If this occurs, we will bill you and a payment is due upon receipt of that statement. **We do not bill third parties.** It is the responsibility of the patient to satisfy any outstanding balances here. We will provide statements as proof of payment for patients to pursue reimbursement from the third party payer. Your balance is your responsibility.

WELLNESS BENEFITS: On the day of your appointment, advise the staff of your wellness benefits. It is the patients' responsibility to know and understand their insurance benefits. Physician and Laboratory visits must be documented at the time of visit and cannot be amended for the purpose of getting claims paid. Wellness/Preventative – many plans specify exactly what is covered under this option (example: chest x-ray, lipid panel, wellness exam), please check with your insurance prior to your wellness appointments to see what services are covered.

SELF-PAY PATIENTS: On the day of service after seeing a physician/ physician's assistant, if the payment is made in full at the time of the visit, a 40% discount will be applied. After the day of service, no discount is offered if the remaining balance was not paid in full on the date of service. The patient will be mailed a statement for charges incurred on that day.

I have read and understand the financial policy of the practice and I agree to be bound by its terms. I understand that I am financially responsible for all charges whether or not they are covered by insurance and agree that such terms may be amended from time to time by the practice.

Printed Name

Signature

Date

****The patient has the responsibility of notifying PFM if the patient has a change of insurance provider, change of patient address &/or change of patient phone number(s). Communication with the billing office concerning any charges, your bill, overdue payments, or financial hardship is extremely important. Do not hesitate to call to discuss any of these issues. ****