

FAMILY MEDICINE ASSOCIATES  
OF  
EAST ALABAMA, P.C.

FINANCIAL POLICY STATEMENT

OUR PRACTICE FINANCIAL POLICY

We are dedicated to providing you with the best possible care and service, and regard your understanding of our financial policies as an essential element to your care and treatment. To assist you, we have the following financial policy. If you have any questions, please feel free to discuss them with our staff.

Unless other arrangement have been made in advance by either yourself, your health coverage carrier or employer, full payment is due at the time of service. For your convenience we accept VISA and MasterCard.

YOUR INSURANCE

We have made prior arrangements with many insurers and other health plans. We will bill those plans with whom we have an agreement and will collect any required copayment at the time of service. The copayment must be paid at the time of service or you may be held responsible for the entire charge. In the event your health plan determines a service to be "not covered," you will be responsible for the complete charge. In that event we will bill you, and payment is due upon receipt of that statement.

If you have insurance coverage with a plan with which we do NOT have prior agreement, we will provide you with the information to allow you to file for the claim. In this case, your insurer will send the payment directly to you. Therefore, charges for your care and treatment are due from you at the time of service.

MINOR PATIENTS

For all services rendered to minor patients, the adult accompanying the patient is responsible for payment.

*I have read and understand the financial policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.*

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Patient