

FINANCIAL POLICY

Thank you for choosing Autumn Road Family Practice as your health care provider. We are committed to providing you with the best possible care. Your clear understanding of our Financial Policy is important to our professional relationship. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment.

Insurance Coverage

Your insurance coverage is a contract between you and your insurance company. While we are pleased to be of service by filing your medical insurance for you, we are not responsible for any limitations in coverage that may be included in your plan. You will be responsible for any co-payment and/or estimated co-insurance and applicable deductibles before seeing the provider unless prior arrangements have been made with our office.

Motor Vehicle Accidents

In the event you are involved in a motor vehicle accident (MVA), you are expected to pay for services when rendered. We require a \$250 deposits for all patients being seen as a result of a MVA. We will gladly provide you with all the necessary paperwork to file your insurance claims with your carrier.

Self-Pay

All self-pay patients are required to pay a deposit at the time of service unless prior arrangements have been made with our office.

Assignment of Insurance Benefits

I request the payment of insurance benefits be made on my behalf to Autumn Road Family Practice for any services furnished to me by any provider in the clinic. I authorize any holder of medical information about me to release any information needed to determine benefits to my insurance carrier, and where applicable, to the Center of Medicare and Medicaid Services and its agents. I further authorize the clinic and it's agent to verify employment and wage data in the event collection action becomes necessary.

Signature of Patient or responsible party Date

Signature of co-responsible party Date