Price Family Medicine Policies and Procedures

We are providing you with our policies and procedures in an effort to facilitate effective communication between our staff and patients. ***Please initial each paragraph to indicate that you have read, understood, and agree to abide by the policies of Price Family Medicine.***

It is the policy of Price Family Medicine for patients to pay for services at the time they are rendered. If a patient is insured, all applicable co-pays and co-insurances are due and payable at that office visit. It is the patient's responsibility for verifying their benefit coverage through their insurance company and tracking their deductibles. Patients must also verify that all co-insurances are payable at time of service._____

After your insurance company is billed, there may be additional charges made against your account for services not covered under your health plan. You will be billed and responsible for any additional charges as determined by your insurance company. Payment in full is expected within 30 days of receipt of a statement from Price Family Medicine. If a patient is self-pay, they are expected to pay their balance in full the day they are seen._____(initial)

Price Family Medicine accepts cash, checks, American Express, Visa, MasterCard, and Discover Cards. In addition to the original balance, there will also be a $25 fee assessed for any returned checks. Delinquent accounts will be forwarded to a collections agency. _____(initial)

Patients are required to leave a copy of a major credit card on file with Price Family Medicine. Should the patient default on any payments due to Price Family Medicine, these fees will be charged against the patient's credit card to prevent the account from being turned over to collections. _____(initial)

Price Family Medicine requires a 24-hour cancellation notice if a patient cannot make their scheduled appointment. This allows us to make that time available for another patient. Patients who "no-show" without providing notification will be charged a $25 service fee. A second no-show will result in another $25 fee and the patient being discharged from the practice. _____(initial)

No new prescriptions will be called in for a patient under any circumstance without an office visit. Refills on medications will almost always require an office visit as well. Prescriptions will not be called in after regular office hours. It is the patient's responsibility to monitor the amount of medication they have remaining, and schedule their appointments accordingly. _____ (initial)

Because we allocate a certain length of time for each type of office visit, we ask that you keep your visit focused only on the item for which you made your appointment. We request that if you have a number of unrelated issues that need to be addressed, you schedule additional visits so that we may attend to, and focus fully, on each problem. _____ (initial)

We thank you for allowing Price Family Medicine to have the privilege of caring for you and your family. By signing below, I acknowledge that I have read and understood the policies and procedures outlined by Price Family Medicine and agree to abide by these policies.

Patient Name: _____ Patient Signature:_____ Date: _____