Effective: August 22, 2019

MAIN STREET FAMILY PRACTICE PAYMENT POLICY

Thank you for choosing us as your primary care provider. We are committed to providing you with quality, affordable healthcare. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we wanted to make our expectations of your financial obligations clear to you.

Please read it fully, ask any questions you may have, and sign in the space provided on the second page.

A copy will be provided to you upon your request.

INSURANCE

Knowing your insurance plan's coverage is your responsibility ★

- We participate in most insurance plans including Medicare.
- If we are insured by a plan in which we DO NOT have a contract, payment in full is expected at each visit.
- If you are insured by a plan in which WE DO have a contract, but you are unable to provide us with up to date insurance information, payment in full for each visit is required, until we are able to verify coverage.
- Please contact your insurance company with any questions you may have regarding your coverage prior to services being provided today,

CO-PAYMENTS AND BALANCES

- ALL co-pays must be paid at the time of service!
- If your co-pay is not paid at the time of service, a **$20.00 processing fee** will be added to your account.
- **Failure to collect co-payments and balances could be considered a violation**

of contract.

NON-COVERED SERVICES

- Please be aware that some- and perhaps all- of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers- You MUST pay for these services in full!

PROOF OF INSURANCE

- It is your responsibility to provide us with a current valid insurance card, in order for us to verify your eligibility prior to services at Main Street Family Practice.
- Failure to provide us with the current insurance information, prior to services will result in your responsibility of the balance.

CLAIM SUBMISSION

- We will submit your claims and assist you in anyway we can to help get your claim paid.
- Your insurance company may need you to supply certain information directly.
- **Your insurance plan is a contract between you and your insurance company, Main Street Family Practice is not part of that contract.**

COVERAGE CHANGES

- If your insurance changes, please notify us before your next visit.
- **If your insurance company does not pay your claim, the balance will automatically be billed to you.**

NEW PAYMENT OPTIONS!

We have partnered with Swerve Pay, an online payment company, this will allow you to make payments to Main Street Family Practice conveniently via smartphone or online, and receive receipts automatically in the same way.

The practice will continue to accept all payments via cash, check or charge. We will also continue to accept payments via phone, mail, and in person. Although we do encourage patients to give our new digital payment system a try. For more details, please inquire with the staff.

By supplying my home phone number, mobile phone number, email address, and any other personal contact information, I authorize my health care provider to employ a third- party automated outreach and messaging system to use my personal information, the name of my care provider, and other limited information, for purpose of notifying me of an unpaid balance. I also authorize my healthcare provider to disclose to third parties, who may intercept these messages, limited protected health information regarding healthcare events, unpaid balances and to leave a reminder message on my mobile phone, email, and voicemail or answering system.

Please initial:
_____

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

I have read and understand Main Street Family Practice's financial policy and agree to abide by its guidelines:

Please Print Your Name: _____Date of Birth: _____

Signature of Patient or Responsible Party **Date**