

WATERFORD FAMILY PHYSICIANS, P.C.

FOR YOUR INFORMATION REGARDING FINANCIAL ARRANGEMENTS AND OFFICE POLICIES

We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of the payment policy. Please read these policies and sign the form in the space provided. If you would like a copy of this form please advise the receptionist.

1. Payment for services is due at the time the services are rendered. We accept cash, checks, MasterCard, Visa, American Express and Discover. (All new patients are required to pay an \$100.00 deposit upon checking in) This does not apply to patients who have office visit coverage through their health insurance.
2. All patients are required to complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information you may be responsible for charges.
3. If you carry health insurance with a company that the office participates with we will be happy to submit a claim on your behalf to them. Please remember that your insurance is a contract between you, your employer and your insurance company. If your insurance company requires additional information from you to process a claim it is your responsibility to provide them with that information. We participate in several insurance plans including Medicare.
4. All co-payments are to be paid at the time of service. This arrangement is part of your contract with your insurance company. Deductibles are payable as soon as it is applied to your account. (Within 30 days of your first billing statement from our office)
5. Please be aware that some services are not covered by Medicare and other insurance companies. You will be advised of this at the time of these services. These services must be paid for at the time of treatment.
6. If you change insurance companies it is your responsibility to notify this office. If your insurance company does not process your claim for payment in 30 to 90 days these charges are your responsibility.
7. If your account is over 90 days past due it may be reported to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by mail that you have 30 days to find alternate medical care. During that 30 day period our physicians will treat you on an emergency basis only. We do recognize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.
8. This office charges \$15.00 for returned checks. If you repeatedly break appointments there may be a \$45.00 charge for broken appointments and appointments cancelled without 24 hour advance notice.

Thank you for understanding our payment policy. Please let us know if you have any questions. We are committed to the best possible treatment for all our patients.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of patient or responsible party

Date