

Our Family Doctors

FINANCIAL AGREEMENT

Welcome to *Our Family Doctors* -

We have contracts with most major insurance carriers. We also accept private pay patients as well as Medicare patients with or without supplemental coverage.

It is important that you understand this Financial Agreement is between *Our Family Doctors* and **you** - not your insurance company. We will be happy to assist you with submitting your claim to your carrier, however, you are ultimately responsible for paying for the services you receive. Co-payments and deductibles are due at the time of the visit.

We accept payments in the form of cash, check, or credit card. Returned checks will generate an “overdraft” charge of \$35.

If your account becomes delinquent, it may be turned over to a collection agency which may impact your credit rating. You will be responsible for all costs associated with collection activities.

- I understand and accept my obligation to pay for services rendered in a timely manner.
- I understand and agree that I am responsible to pay for services rendered to my minor children and/or other dependents.
- I authorize the release of any medical information necessary to process my claims and request that the payment of all medical benefits be made directly to the provider listed on the claim form.

Patient's Full Name - Printed

Patient's SS #

Patient Signature

Date

Signature of Responsible Party (if patient is unable to sign)

Date