



Financial Policy-2023

Please initial beside each policy heading.

It is our goal to provide cost-effective, compassionate, pediatrics and adult care for your family. Primary Care Pediatrics and Family Medicine, P.C. (PCPFM, P.C.) participates with most insurance plans. Each insurance policy is different, and it is therefore impossible for us to know what your benefits may be. Therefore, it is important to contact your insurance company if you have any questions regarding your benefits and for you to know about your payment obligations due at the time of service. As a courtesy, we will file your insurance for you. To do so, we will need a current copy of your insurance card to process your claims. Without your card, you will be responsible for full payment at the time of service. If your insurance requires a prior authorization, you must obtain it before being seen in our office or you will be responsible for any charges incurred.

_____ Patients Without Insurance Coverage

We are happy to work with families that prefer to pay directly for services or do not have insurance. Self-pay patients will be responsible for the office visit charge at check-in and the remaining balance for any additional services at check-out.

_____ Copayments and Deductibles

All co-payments, co-insurance, and deductible amounts are due and payable at the time of service regardless of who brings the patient(s) for the appointment. Payment may be made in cash, by check or by credit/debit card including a Health Savings Account (HAS) card. If we are not in-network with your insurance carrier, the patient will be asked to pay all charges at the time of service. We will provide documentation for you to submit to your insurance carrier for reimbursement. **The patient is responsible for all balances not covered by your insurance; this includes telehealth visits. All phone consultations outside of regular business hours will carry an additional \$25 after hours charge that may not be covered by your insurance.**

_____ Unpaid Balances

Unpaid balances over 60 days, without payment arrangements, will be sent to collections and the patient and/or patients will be discharged from the practice. You will also be responsible for any additional amounts incurred due to collecting past-due balances. Well-childcare will also be deferred until all balances are paid in full.

_____ Returned Checks

There is a \$45 charge for returned checks. After receiving a returned check, PCPFM, P.C. will only accept cash or credit/debit card payments on your account.

_____ Letters and Forms

As a courtesy to our patient(s), we will fill out any sport physical/medication forms, blue card requests, FMLA and disability forms, etc. free of charge at the time of service. You can also sign into your secure patient portal and access your forms from the convenience of your home. However, if the forms are not provided during the office visit, we charge the following:

Sports physical form(s)-\$40.00 each

Medication Authorization form(s)-\$10.00 per form

State Vaccine Forms/Blue cards - \$10.00 each

Referral changes - \$35 each

Letter(s) requested by the patient to a third-party agent - \$25 per

FMLA and Disability forms - \$50 each

Medication call-in \$10 per prescription

Please allow 5-10 business days for completion of any forms or letters submitted to our doctors for review.

_____ Medical Record Release Fees

Requests for copies of medical records must be made in writing to PCPFM, P.C. Records will be made available within 30 days upon us receiving the request. As a courtesy to our patients, we are happy to fax a copy of the medical records to one provider of your choice free of cost. Any additional copies provided by our office or given to the patient for personal use will incur a fee as determined by applicable law. The patient can also print medical information using the secure patient portal access.

I have read and understand the above policies and agree to them.

Signature: _____ **Date:** _____

Patient Name: _____