



PATIENT FINANCIAL RESPONSIBILITY

Thank you for choosing Family Medicine of Albemarle (FMOA) as your health care provider. We are committed to providing you affordable and quality care. We ask that you read and sign this form to acknowledge your understanding of our financial policies. The following information is provided to avoid any misunderstanding or disagreement concerning payment for the professional services rendered by FMOA.

FMOA's contractual arrangement is with you, our patient, not with your insurance company. You are responsible for the payment of all services provided to you and/or your family by Family Medicine of Albemarle, Inc. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits.

Your Financial Responsibilities

Insurance Participation: FMOA participates with many insurance plans, and we file insurance claims daily on behalf of our patients. It is your responsibility to:

- Bring your insurance card to every visit.
- Be prepared to pay your co-payment at each visit. We accept cash, check, or credit card. No post-dated checks are accepted.
- Become very familiar with all the terms of your insurance plan and make sure you comply with them. If you have questions about your insurance, you should direct them to your plan's Member Services Department. (The telephone number is usually on your insurance card.)
- Make payment in full at the time of the visit for medical care not covered under your insurance plan.
- Be responsible to pay for any coinsurance amounts or charges outside of the usual and customary insurance reimbursement allotment

Non-Participation: If you have insurance with which FMOA does NOT participate, our office is willing to file the insurance claim for you as a courtesy; you agree to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance at the time of service. If FMOA is out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately.

Referrals / Pre-Authorizations: Your health insurance plan may require prior authorization from FMOA before seeing another healthcare provider (usually a specialist) in order for you to receive maximum benefits. FMOA will need to complete a consultation with you regarding the health need in order to determine if a referral is medically necessary. Please call our office before completing an appointment with another medical service to ensure that your visit has been approved as "medically necessary" and the appropriate paperwork has been completed. Please allow five business days (5) advance notice for approval of referrals.

Self Pay: Self-pay accounts are only for patients without insurance coverage or with accident and illness or catastrophe insurance. It is always the patient's responsibility to know if our office is participating with their health insurance plan. If there is a discrepancy with our information, the patient will be considered self-pay unless otherwise proven. Self-pay patients will be required to bring \$100 at the initial appointment and will be asked to make payment arrangements for the balance. Extended payment arrangements are available if needed. Please ask to speak with a billing coordinator to discuss a mutually agreeable payment plan. Please be aware there are certain services and products that are cash only. You will be notified of these in advance.

Motor Vehicle Accident (MVA) and Third-Party Billing: We do not do any third-party billing. Our relationship is with you and not with the third-party liability insurance (auto, homeowner, etc.) It is your responsibility to seek reimbursement from them. However, at your request, FMOA will submit a claim to your primary health insurance carrier. You may receive an accident

questionnaire from them to be completed by you. If the questionnaire is not returned to your medical insurance company and/or we receive a denial on your claim, you will be responsible for payment in full.

Workers' Compensation: It is the patient's responsibility to provide our office staff with employer authorization/contact information regarding a workers' compensation claim. If the claim is denied by the workers' compensation insurance carrier, it then becomes the patient's payment responsibility. At your request, FMOA will submit the claim to your primary medical insurance carrier with a copy of the workers' compensation insurance denial. If your primary medical insurance carrier's claim is denied, you will be responsible for payment in full.

Delinquent Accounts: Should your account become delinquent, FMOA will utilize a collection attorney to assist with payment and the following fees will apply in addition to your principal balance: 35% agency fees, attorney's fees of 33-1/3% interest and an 18% interest charge per annum on any unpaid monthly balance due over 30 days. You will also be responsible for any and all court costs incurred. Upon signing this document, you authorize FMOA and/or our attorneys, to obtain information regarding employment, including salary and position verification.

In the event that a check is returned for insufficient funds, FMOA will notify you and provide you ten (10) days to pay the amount of the delinquent check in full with cash. If we do not receive the cash payment in full within ten days, a \$35.00 returned check fee will be added. Furthermore, FMOA will submit delinquent accounts to FMOA collection attorneys at which time any and all civil remedies as provided in Section 8.01-27.1 of the Code of Virginia (1950) will be imposed.

Forms Completion: If the patient has been seen at FMOA within 12 months for a complete physical exam or a preventive medical exam, completion of camp and school physical forms is free. Please allow five (5) business days to complete the form. FMOA may charge an administrative fee for completing some forms that are not in conjunction with an office visit and are of sufficient length such as:

- FMLA forms
- Attending Physician Statements (life insurance applications)
- Disability forms
- DMV forms (handicapped parking applications)
- Prescription Pre-Authorization forms

Minor and Guardianship: You, the patient (or patient's guardian, if a minor <18 years) are ultimately responsible for the payment for services that you or your minor child receive at FMOA. The parent, guardian, or unaccompanied minor is responsible for bringing the insurance card and making any payment due at the time of service.

Business Associates: Please be aware that FMOA utilizes other businesses to complete certain services such as the laboratory services provided by UVA Medical Laboratories or LabCorp Laboratories. You must provide accurate and up to date insurance information prior to testing at FMOA if you desire direct insurance billing. These companies are not affiliates with FMOA and there may be an additional charge if your insurance coverage does not include this laboratory in their network. Any questions about billing from laboratories are to be resolved by contacting the laboratory company directly. FMOA does not have access to your billing invoice or process.

Miscellaneous: You will be responsible for the payment of additional charges, such as (but are not limited to):

- Charge for returned check(s)
- Charge for missed/rescheduled appointments without 24-hours advance notice
- Charge for extensive phone consultations and /or after-hours phone calls requiring diagnosis, and processing of prescriptions.
- Charge for the copying and distribution of your medical records at *.50cents/page*.

Agreement

By my signature below, I acknowledge I have read and understand my financial responsibilities. I understand that I am financially responsible for any changes at the time of service and also any coinsurance or charges not covered by my health insurance company.

My signature verifies my understanding:

Signature (patient/guardian)

Date

Print Name

Date of Birth