

Financial Policy 5-10 Minors

Our office will not split bills for custodial and non-custodial parents. The parent that brings the minor patient in will be the billing name on the account unless we are provided other legal documentation. Picture identification of a parent or legal guardian is requested to safe guard against the possibility of lost or stolen identification.

The information I provided is true to the best of my knowledge and I will provide any changes in a timely manner. Patients that do not have a current insurance card or verifiable insurance will be requested to pay at time of service. We ask for insurance cards at each appointment to ensure that we have current information to file your charges. I assign insurance payments to Southwest Family Physicians and understand that my insurance is a contract between myself and my insurance company. I am responsible for all charges not covered. This includes co pays (due at time of service), deductibles and fee for non-covered services. We will assist yo in obtaining pre-certification or admission authorizations, but you are ultimately responsible for complying with insurance requirements. Insurance coverage varies by plan and company, therefore, our staff is unable to be familiar with everyone's coverage. If you are unsure about your coverage and out of pocket costs, please contact your insurance company.

Statements are due upon receipt and past due after the due date on the statement. If you are unable to pay by this date, please contact the billing department before the due date. Our providers would like to devote your appointment time to medical care and request that you direct billing and payment questions to the billing department. A fee of \$35.00 will be billed for all return checks. Delinquent accounts referred to an outside collection agency and subject to collection fees and court costs. Patients that have outstanding bills may be asked for payment and or arrangements prior to scheduling appointments for non emergencies and prescription refills. Patients with past due accounts may be dismissed from receiving care at our offices.

Some lab work obtained at our office is sent to an independent outside lab, therefore you may receive a bill directly from the lab depending on your insurance plan.

I authorize treatment by Southwest Family Physicians/Gretna Family Health and or/affiliated medical staff on behalf of myself. I authorize release of any and all medical and or charge information as is necessary for reimbursement from any governmental agency or insurance payer involved in the payment of my treatment.

If a member of the staff becomes directly exposed the patients blood or bodily fluids, I agree to provide a sample for testing according to State regulations. I consent that the results of these tests will be released to me and to the health care worker(s) who suffered the exposure.

Please initial in the space indicated on the reverse side. If you have questions or would like a copy of this form, please ask.

Name

Date