

FALLBROOK FAMILY HEALTH CENTER, LLC
FINANCIAL POLICY

We are here to assist you in providing information to your health insurance company so that payment may be made according to the coverage you have purchased. Please keep in mind that ***NOT ALL SERVICES ARE A COVERED BENEFIT OF ALL PLANS*** and that your insurance coverage is an agreement between you and your insurance company. If you do not understand your coverage, please contact your insurance carrier or, if your coverage is provided through your employer, contact your benefits administrator at work.

If your insurance requires that you pay an office copay, it is due when you check in for your appointment. Failure to pay your copay will result in your appointment being rescheduled.

As a courtesy, we will file claims with your primary and secondary insurance (if applicable) providing we have your *Assignment of Benefits* (see below) and **current and accurate** insurance information from you. However, payment for services at Fallbrook Family Health Center is ultimately the **patient's responsibility**.

ALWAYS BRING YOUR INSURANCE CARDS!! WE WILL NEED A COPY!

Once we have received a response from your insurance(s), an itemized statement will be sent to you. You have 30 (thirty) days from the statement date to pay your account in full. If you have questions concerning insurance payment or denial of your claim, you should **first contact your insurance provider** to obtain further information. After you have contacted your insurance provider, if you still have questions, please call our billing office at 402-441-3575.

Because you may see your healthcare provider a number of times throughout the year, your account can get "out of control" if not paid consistently and in a timely manner. Because of this, we have a collection process that is activated if payment from you is not received within 61 days from the date the balance is deemed your responsibility. If correspondence during this process goes unaddressed, your account will be subject to further collection efforts that could and may involve an outside collection agency. While your account remains in the collection status, you and/or your family will become ineligible to receive services at this facility.

ANY ACCOUNT BALANCE TURNED OVER TO AN OUTSIDE COLLECTION AGENCY WILL RESULT IN THE PATIENT AND ASSOCIATED FAMILY MEMBERS TO BE TERMINATED FROM THE PRACTICE.

For the convenience of our patients, Fallbrook Family Health Center accepts payment in the following forms: Cash/Check/Visa/MasterCard/Money Order

Court orders regarding medical expenses are between the persons listed in the court order and NOT Fallbrook Family Health Center, the person's signature on this form will be responsible for payment

FINANCIAL AGREEMENT/ASSIGNMENT OF BENEFITS

I have read and agree to the terms and conditions set forth above. I understand that I am responsible for and agree to pay all charges regardless of insurance coverage or pendency of claims. I authorize the release of all medical information necessary to process my health insurance claim and request payment of benefits be made to Fallbrook Family Health Center, LLC. A photocopy of this agreement shall be as valid as the original. I understand that I can withdraw this medical benefit assignment at any time by notifying this office in writing.

Patient Signature _____
(Parent or legal guardian if minor)

Date _____