Nissi Family Medicine
- Caring is our Passion -

# FINANCIAL POLICY

Patient Name: _____ Account/Chart #:_____ Date: _____

Welcome to our office. We are pleased to have you as a patient. We are committed to meeting your health care needs. It is our goal to provide you with the best possible health care and to keep your insurance or other financial arrangements as simple as possible. In order to accomplish this in a cost effective manner, we ask that you adhere to the following guidelines:

1. You are ultimately responsible for payment of charges for services you receive from our office. Any check payment dishonored by your bank will result in a $30.00 returned cheek charge added to your account.

2. It is your responsibility to provide us with your current address, telephone number, and insurance information at each visit. If you do not have proof of current insurance at your visit, you will be considered a self-pay patient for that visit and payment in MI will be due at the time of service.

3. It is your responsibility to contact your insurance carrier to confirm that our physicians participate on your plan and that we are your primary care provider (PCP.) If one of our Doctors is not listed as the PCP on your insurance card, you will be required to pay in full at the time of service as we are unable to file insurance for which we are not the listed PCP.

4. If your plan requires a referral, it is your responsibility to obtain this prior to being seen by a specialist. If we are required to obtain the referral for you, please notify our office 72 hours prior to the specialist's visit so that we have ample time to acquire this information from your insurance company. Per office policy, we do not back date referrals.

5. All co-payments are due at the time of service. A $25.00 service fee will be charged for failure to pay the cc-payment at the time of service. (INITIAL HERE)_____

6. If you miss your appointment without 24 hour cancellation, you may be charged a NO-SHOW fee of $25.00 for each appointment missed and a NO-SHOW fee of $75.00 for a missed appointment for a complete physical examination and/or annual Pap/well woman exam. Cancellation notice must be made during regular office hours of 8:30am to 5:00pm Monday through Friday. Cancellation fees will not be billed to nor paid for by your insurance company. (INITIAL HERE)_____

7. All medical record requests must be on Nissi Family Medicine's HIPAA form and received in our office 7-10 days prior to the date needed. Our fee for copies of medical records is in accordance with the Georgia General Assembly, Section 31-33-3, effective July 01, 2005, and the fee is based on the number of pages. Fees for copies of medical records are separate from and not included in the AAF.

8. Our office collects an optional Annual Administrative Fee (AAF) of $25.00. The AAF is intended to cover the cost of completion of forms needed throughout the year. Please note: We do not charge for referral forms, written prescriptions, work excuses, camp/school/ sports physical or immunization forms presented at the time of service. You are not required to pay the AAF; however, if you choose not to pay the optional AAF, you will be charged $50.00 per form for all forms including, but not limited to, FMLA forms, handicapped parking forms, camp/school/sports physical forms or immunization forms not accompanied by an office visit.

**SELECT ONE**

_____ I understand the financial policy and agree to pay the Annual Administrative Fee.

_____ I understand the financial policy but choose not to pay the Annual Administrative Fee. I understand that if I elect not to pay the Administrative Service Fee, I will pay for forms as I need them and will not have another opportunity to elect to pay the AAF for one year.

Patient Signature:_____ Date: _____