



ALL SEASONS FAMILY HEALTH CARE
FINANCIAL POLICY
PLEASE REVIEW AND INITIAL

Patients Name: _____

Date: _____

- If proof of insurance cannot be provided, payment will be due in full. If insurance is terminated appointment will need to be paid in full before being seen. _____
- Private insurance is a contract between you and your insurance company. We will not become involved in disputes between you and your insurance company regarding deductibles, co-pays, covered charges, secondary insurance, "usual and customary" charges, etc. other than to supply factual information as needed. _____
- Please be advised if you are here for a wellness visit/physical and have health problems you want to discuss with your doctor during your visit, this could result in an additional appointment needed, which may or may not be covered by your insurance. If you would like to update the reason for your visit, please see the front desk. _____
- Patients on a pain contract need to keep their appointments paid in full. If account is not paid in full this will cause an interruption in prescription services. Patient will be subject to an outside referral to another provider. _____
- Balances on your account need to be paid in full before you will be seen again unless payment arrangement has been made with billing personnel. If you are in need of an arrangement, please contact our billing department at 745-6440 in a timely manner as any claim over 90 days will be due in full. _____
- If account is turned over for collection the balance must be paid in full before any other appointments can be made. _____
- Delinquent accounts (>90 days) are subject to collections processes which may include the account being transferred to Cornerstone Credit Services. You will be responsible for any fees and/or commissions charged by Cornerstone Credit Services. Patients whose accounts have been sent to Cornerstone Credit Services will be reviewed for possible discharge from Clinic. _____
- Any appointment cancelled less than 24 hours prior to the scheduled appointment time is subject to a \$25.00 appointment cancellation fee. We reserve the right to dismiss patients from our practice after three missed appointments in a 12-month period. _____
- Please be aware you may receive a separate charge from Quest Diagnostics for some lab tests. _____

Patients Signature: _____

Date: _____