



Payment Protocol

Thank you for choosing Abilene Family Medical Associates. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us *any* questions you *may* have, and sign in the space provided. A copy will be provided to you upon request.

1. **Insurance.** We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing *your* insurance benefits is your responsibility. Please contact *your* insurance company with any questions you may have regarding *your* coverage.
2. **Co-payments and deductibles.** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit. Failure to make payment will lead to a rescheduled appointment.
3. **Non-covered services.** Please be aware that some - and perhaps all - of the services you receive may be non-covered or not considered reasonable or necessary by insurers. You must pay for these services in full at the time of visit.
4. **Proof of insurance.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you **fail** to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.
5. **Claims submission.** We will submit *your* claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company *may* need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not a part of that contract.
6. **Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

7. Nonpayment. If your account is over 90 days past due, your account will be sent to a collection agency. There will be an additional fee of \$9.99 that is charged by the collection agency and payable to AFMA.

8. Returned Check Fee. There will be an additional fee of \$12.00 that is charged by our bank and payable to Abilene Family Medical Associates for all returned checks.

9. Missed appointments. Our policy is to charge for missed appointments not canceled within 24 hours of appointment. The charge is \$50 for a Provider visit and \$25 for a nurse visit. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

10. Self-pay patients. Payment is required at check-in. Any additional treatment may result in a higher cost. Additional cost of visit is due at check-out and if not known at time of check-out, a bill will be sent to patient.

11. Motor Vehicle Accident and Home and Property Accident. Abilene Family Medical Associates will NOT bill any insurance (Commercial, Federal, Private, etc.) for any Motor Vehicle Accidents, Injuries that happened at a place of business, or Injuries that happened on personal property no matter what the circumstance is. All visits will be treated as self-pay visit and the patient is responsible for 100% of the bill, and for submitting their charges. AFMA will provide any type of Medical Records, or itemized receipt upon request.

12. Work Injuries. Abilene Family Medical Associates will NOT treat any injuries that happen at a job no matter what the circumstance is.

13. Forms. FMLA Family Medical Leave Act, Disability or Government forms, etc. will be subject to a \$25.00 fee for Abilene Family Medical Associates to complete the paperwork. \$25.00 must be paid to pick up the forms.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of patient or responsible party

Date

