

## **FAMILY MEDICAL CLINIC OF NORTH MISSISSIPPI, INC. FINANCIAL POLICY**

Family Medical Clinic of North Mississippi, Inc. is dedicated to providing the best possible care to our patients. In order to reduce confusion or misunderstanding, we are providing each patient with a copy of our financial policy.

### **INSURANCE:**

The clinic participates with most insurance plans and Medicare. As a courtesy we will file your insurance claims and accept payment from your insurance company. You will be asked to complete a registration form, provide your insurance card and a photo id during the first visit to the clinic. We are required by our contracts with the insurance carriers to collect the co-pays, coinsurance and deductible at the time of service. If your insurance has not paid the claim within 30 days the balance may become your responsibility. If an overpayment occurs you will receive a refund.

At the beginning of each year we will also ask you to complete an update form to ensure that all information on file is current. If there are any changes in your information we ask that you provide that during check-in for your appointment. It is very important that we have the correct information on file to ensure that your visit is paid by your insurance company.

### **ACCEPTED FORMS OF PAYMENT:**

Cash, checks, Visa, Mastercard, American Express, and Discover are accepted as payment for services rendered. If payment is made with a check and the check is returned to us the patient is responsible for the amount of the check plus a \$40.00 returned check fee. If the check remains unpaid after the patient has been notified we will forward the check to the District Attorney's office for collection. If you are unable to pay in full at the time of service we will be happy to assist you by providing a payment plan. A payment plan must be arranged with the billing department prior to your scheduled appointment time.

We realize that healthcare can be costly and sometimes cause financial hardship. Patients without insurance will be provided with a reduced rate for services rendered. The patient is expected to pay for the visit at the time of service.

Family Medical Clinic of North Mississippi wants to continue to provide the best medical care to our patients. In return, we ask that our patients meet their financial obligations. We value our patients and we hope that our patients value our services enough to fulfill their financial obligations. We will bill the patient on a monthly basis for any unpaid balance. In the event that a balance remains unpaid it may be necessary to turn the account over to an attorney for collection. If the account is turned over for collection the patient will be responsible for full payment plus any attorney's fees and court costs. In the event that your account is turned over to an attorney for collection we reserve the right to terminate the provider / patient relationship. In some cases the patient may be allowed to remain a patient of the practice on a cash only basis with all fees due and payable at the time services are rendered.

If you have any questions regarding this policy please feel free to contact the Office Administrator or Billing Department.