

Financial Responsibility

All professional services rendered are charged to the patient. Necessary forms will be completed to help expedite insurance carrier payments; however, the patient is ultimately responsible for all fees charged for services rendered regardless of insurance coverage. It is also customary to pay for services when rendered unless other arrangements have been made in advance with our office. If hospitalization is indicated, the patient is responsible for furnishing insurance claims to the office prior to hospitalization.

Pre-Certification or Pre-Authorization for Care

Many insurance policies and managed care plans require pre-certification from the carrier or advance authorization from the patient's Primary Care Physician. When such pre-certification or pre-authorization is not obtained when non-emergency care is sought, the insurance policy or managed care plan may provide no or dramatically reduced benefits. Our office staff will assist you to the extent possible to secure such pre-certification. Ultimately, it is the patient's responsibility to secure such pre-certification or pre-authorization under the terms and conditions of their insurance policy or managed care plan.

Truth in Lending Agreement & Assignment of Benefits

This date, I have contracted with *Family First Medicine* for the furnishing of medical or surgical procedures for illness or injury. I will be responsible for payment of the total bill incurred as a result of treatment received. Although I may choose to use insurance coverage to pay all or a portion of the bill incurred, I understand that the filing of insurance claims does not constitute payment of any portion of the bill and I understand that I am responsible for all charges billed me for treatment of the above patient. I accept full responsibility for payment of the total balance of my account. When the account balance becomes 90 days old, or after all insurance has paid, a monthly finance charge of 1% will be applied to the remaining balance. I have this date assigned to *Family First Medicine* the benefits due me under my existing policy or policies of insurance. I understand insofar as they are necessary to cover such expenses that the above assignment of insurance is accepted by *Family First Medicine* as a convenience to me and *Family First Medicine*, is hereby given my consent to file claims on said policy or policies and to do such other actions as it deems necessary in connection therewith how I obtain prompt payment under such policies. I authorize my insurance company to pay *Family First Medicine* direct without payment to me.

Date

(Print) Patient or Responsible party

Witness

Patient's signature