**Family Care Clinic Payment Policy**

1. **Insurance:** We participate in many insurance plans, including Medicare and Medicaid. However, it is your responsibility to know if we are in-network providers with your insurance company. *If you are insured by a plan that we are not in network with, payment in full is required at each visit*. If you are insured by a plan we are in network with, but fail to have an up-to-date insurance card, payment may be required in full at the time of service until we can verify your coverage. Knowing your insurance benefits is *your* responsibility. Contact your insurance company directly for any questions regarding your coverage or our office’s in-network status. By signing this form you authorize FCC to release the necessary information in order to complete and process our insurance claims.
2. **Co-payments and deductibles:** All co-payments and deductibles must be paid at the time of service. If you have a co-pay, it is usually printed on your insurance card. If you do not have a co-pay, then you must pay your deductible. A deductible is the out-of-pocket expense you must pay annually before your insurance company will begin to pay for services. Please note that this arrangement is part of your contract with your insurance company and it is your responsibility to know if your deductible has been reached.
3. **Non-covered services:** Some and perhaps all of the services received may not be covered by your insurance or not considered reasonable or necessary by your insurer. Therefore, “non-covered” charges will become your financial responsibility and payment in full for these services will be required within 30 days of insurance’s response to your claim.
4. **Updates:** This office will submit insurance claims as a courtesy to our patients. However, it is the responsibility of the patient to assure all information provided is accurate. Please be sure to inform us of any updates to your insurance *at the time of your visit.*
5. **Claims submission:** The Family Care Clinic will submit each visit once to the insurance provided. Any other communication with the insurance company is the responsibility of the patient. Please note that your insurance company may need you to supply certain information directly. It is your responsibility to comply in a timely manner 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. If your insurance company does not pay your claim within 90 days, the balance will be billed to you.
6. **Nonpayment:** If you have not made payments to your account or if there has been no attempt to contact our office for a payment plan after 90 days, it will be turned over to the collection agency without further attempt to contact you for payment. In the event that your account is turned over to collections, you will no longer be seen at our office, and you will be notified by mail regarding your terminated status.

**I have read and understand the Family Care Clinic’s payment policy.**

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**Signature of patient or responsible party Date**