

**ANTHONY MEDICAL CLINIC, PA
FINANCIAL POLICY**

Anthony Medical Clinic has established the following financial policies for our practice. We believe that informed patients will be more responsible patients and we will have fewer credit problems with those patients. Please read our policies and sign where indicated. Please let us know if you have any questions. Thank you.

1. Payment is expected at the time of your visit. We will accept cash, check, Visa, or MasterCard.
2. Payment will include any unmet deductible, co-insurance, co-pay amount, or non-covered charges. If you disagree with your insurance company it is your responsibility to contact them.
3. We are participating providers for many insurance carriers. We will file your insurance. Remember that insurance is a contract between the patient and insurance company and ultimately you are responsible for payment in full.
4. If you have an unusually large balance with our clinic we will work with you to establish a payment plan. However, it is your responsibility to honor your agreement.
5. Returned checks will incur a \$25 service charge. You will be asked to bring cash or money order to cover the amount of the check and the service charge.
6. Accounting Principles- Payments will be applied to the oldest charges first except for insurance payments which are applied to the corresponding charges.
7. Disability forms, special insurance forms, extra transcription, copies of medical records, etc. requires office staff time and time away from patient care. We require pre-payment for these forms and records determined by the length and complexity of the form.
8. After reasonable collection efforts by our staff we will turn accounts over to a collection agency. When that occurs you may be discharged as a patient from our practice. You should discuss your difficulties in paying with our staff & make arrangements before it gets to that stage of collection.

Thank you for your compliance with our financial policies.

I have read and understand Anthony Medical Clinic, PA's financial policy.

Signature _____ Date _____