

Hardee Family Medicine

Billing and Financial Policy

Hardee Family Medicine is committed to providing you high quality medical care in a cost effective manner. In order to accomplish this, we depend upon prompt payment for the services we provide.

We are required by our contracts with your insurer to collect payment of deductibles and co-payments for services at the time they are rendered. We accept cash, personal checks, debit, and all major credit cards. As a courtesy, we will file your insurance. In order to provide this service for you, we must have all your current insurance data. Insurance cards must be presented at each office visit. Please be reminded, that **you** are responsible for payment of your account.

Self Pay Policy:

Patients who have no insurance coverage or proof of valid insurance card will be required to make a \$150.00 deposit prior to treatment for new patient visits, and \$100.00 deposit prior to treatment for established patient visits. **Remember this is just an estimate. If charges exceed this amount, you will receive a bill for the remainder of your visit.**

Authorization and Referrals:

To avoid decreased insurance benefits, patients are advised to check with their insurance companies prior to any outside services rendered. We participate with most area insurance plans. If your insurance plan requires an **authorization or referral**, it is **your responsibility** to ensure this has been completed.

Pre-Certification for Procedures:

As a courtesy, Hardee Family Medicine can assist in obtaining necessary pre-certification prior to some services being rendered. We encourage all patients to verify that pre-certification has been completed. This is ultimately the **patient's responsibility**.

Billing Inquires:

Our business office staff and Financial Counselors are available to discuss any fee in advance and all billing inquires. Our billing staff will be available to answer any questions from Monday-Friday 8:00am until 5:00pm at 704-658-9779.

Coping of Medical Records:

Your records will be copied at your request (subject to fees).

Acknowledgement:

I acknowledge the receipt of Hardee Family Medicine's Financial / Billing Policy, and understand the terms and conditions.

Patient Signature: _____ **Date:** _____