



## Financial Policy

The doctors and staff of HouseCall Primary Care, PLLC would like to welcome you to our practice. We strive to provide you with excellent medical care and our goal is to make your visit as convenient as possible.

**By Signing below you confirm that you have read this policy and understand that:**

- It is your responsibility to inform our office of any address or telephone number changes.
- Your account will need to be kept current – accordingly, all self-pay or insurance co-payments, co-insurances and deductibles will be collected at the time of service. Payable by cash, check or credit card.
- If you do not have your payment (s), your appointment may be rescheduled.
- A returned check will result in a \$25.00 service charge **and** all future payments being required in the form of cash or credit card.
- You will only be sent a statement if your balance is over \$5.00.
- Refunds will be issued within 4 weeks from the date requested, if there are no pending insurance claims.
- If your account is turned over to a collection agency, you will be responsible for any costs incurred in collections of said balance, which may include collection agency fees up to 35% of your outstanding balance, court costs and attorney fees.

**If you have health insurance coverage:**

We will submit your claims; however, we must emphasize that as medical providers; our relationship is with you, not your insurance company. Although we attempt to verify your benefits with your insurance policy, please be advised this is only an estimate of your coverage based on the information given to us at the time of inquiry.

**By signing below you confirm that you understand:**

- It is your responsibility to inform us of any changes to your insurance policy so that your coverage can be re-verified prior to your appointment.
- Not all services are a covered benefit with all insurance plans.
- It is your responsibility to be aware of what service is being provided to you and if it is a covered benefit under your insurance policy.
- You are responsible for any non-covered charges not payable by your insurance policy.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we urge you to contact us promptly for assistance in the management of your account. If you have any questions about the above information, please do not hesitate to ask us. We are here to help you!

I have read and understand the above Financial Policy and agree to meet all financial obligations.

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Patient Name (please print)

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Patient Signature

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Date