

## FINANCIAL POLICY

- **Payment is due at the time of service:** Cash, check, or credit card will be accepted for office services, deductibles, co-pays, and co-insurances. If requested, an itemized copy of services provided will be given to you.
- **Services:** Tallahassee Primary Care will file your charges with most health plans. Non-participating H.M.O. plans will not be filed, and a copy of your charges will be given to you to submit to your insurance plan.
- **Co-Pays, Deductibles, and Co-Insurances:** Please note we only file for your insurance's share of services provided. The patient's share of co-pays, deductibles, and co-insurance are due at the time of service.
- **Secondary Insurances:** Secondary insurance claims will be filed once. If payment or denial has not been received within 30 days of filing, you will be responsible for payment.
- **Tertiary Insurance:** Tertiary insurance claims will be filed once by Tallahassee Primary Care. You will be responsible for paying any remaining balance due to Tallahassee Primary Care.
- **Charges for No-Show Appointments:** The following fees will apply for "no-show" appointments:  
**\$25.00:** - Office visits (or as determined by each office)  
**\$50.00:** - Ultrasound, Echo ultrasound, CT, Nuclear Medical exams, Travel Clinic (Cancellation Notice = 24 hours)  
**\$270.00:** - Nuclear Stress Test (Cancellation Notice = 24 hours)
- **Statements:** Statements are mailed out monthly. Tallahassee Primary Care does not process statements for balances less than \$5.00. Patient Registration will collect the balance at your next appointment.
- **Financial Promissory Form:** You will be required to sign a Financial Promissory agreement, if you are unable to make a payment at time of service. You will have 14 calendar days to submit payment before Tallahassee Primary Care will add an **additional \$25.00 administrative fee to be added to the original Copay, deductible, coinsurance due.**
- **Collections:** If no payment is received within the 3<sup>rd</sup> statement (90 days), your account may be referred to collections.
- **Payment Plans:** Patients will adhere to the payment plan policy set forth by Tallahassee Primary Care.
  - **The minimum balance for a payment plan is \$100**
  - **If the balance is less than \$350, you must pay the balance in full within 6 months.**
  - **Balances greater than \$350 must be paid in full within 12 months.**
  - **Minimum payments of \$50 per month.**
  
- If you have any questions concerning our Financial Policy or fees, or if you are having difficulty with making payment, please request to speak to one of our Insurance Specialists or a Financial Counselor before signing below.

My signature below certifies that I have read, understand and agree to the terms of the Financial Policy listed above.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ MRN \_\_\_\_\_