



CCNP Financial Agreement Policy

Thank you for choosing us as your primary care or functional medicine provider. We are committed to providing you with quality and affordable health care. We ask all patients to review and sign this policy, asking questions, as necessary. A copy will be provided to each patient upon request.

1. Insurance: We accept assignment and participate in most insurance plans. If your insurance is not a plan we participate in, payment in full is expected at each visit. Knowing your insurance benefits is your responsibility. Please contact your insurer with any questions you may have regarding your coverage to receive the maximum benefit.
2. Patient payment: **All copayments and deductibles are to be paid at the time of service.** This arrangement is part of your contract with your insurance company.
3. Forms: There is a \$10 fee for completing FMLA, sick leave, AFLAC, and disability insurance forms. This fee must be paid before the forms are completed. There is also a \$5 fee for any forms that need to be faxed instead of mailed.
4. Registration: **All patients** must complete our patient information form, which will be entered into our computer to maintain accurate information for proper billing. We must obtain a copy of your driver's license and current valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information, or your insurance changes and you fail to notify us in a timely manner, you may be responsible for the balance of a claim. Most insurance companies have time filing restrictions, if a claim is not received within 30 days of the date of service, it can be rendered ineligible for payment, and you will be responsible for the balance that remains.
5. Claims: We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may not accept information from our office and may need information from you. It is **your** responsibility to comply with their request. Please be aware that the balance of your claim is **your** responsibility whether your insurance company pays or not. **Your insurance benefit is a contract between you and the insurance company; we are not party to that contract.**
6. Uninsured patients: We offer a retainer fee that offers a significant discount to our patients who do not have insurance. Please be advised that the retainer fee must be kept up to date monthly (by the 5th of each month) otherwise will cancel at the end of 30 days. Patient will not be seen the next month until the monthly retainer fee is paid and current. You will also have the option to pay quarterly or yearly, with a discounted premium. Just as with insurance, **you** are responsible for the monthly premium even if you do not use our services. Any account balance over 90 days will be subject to review for collection action.
7. Credit and collection: If your account is more than 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless agreement has been negotiated with Derek our financial manager. Please be aware that if a balance has remained unpaid, it may be sent to a collection agency. If an account is sent to collection, it is the policy of this office to discharge the patient and possibly immediate family members from the practice. You will at that time be notified by regular and certified mail that you will have 30 days to find alternative medical care. During that 30-day period we will be able to treat you only on an emergency basis.

8. Phone management fee: There will be a \$20 charge for managing and treating a minor acute illness (e.g., cold, flu, or sinus congestion) over the phone on non-office hours. The non-office phone management fee will not be billed to your insurance and is your full responsibility. This service is only available to retained or insured patients and will be strictly enforced. Please do not ask for medical management for other family members unless they are also patients in the practice. If you are a retained or insured patient within the practice and your call is of an emergent nature, you MUST call the office phone line first to notify us of the emergent nature of your condition. The phone line is a secured line and HIPPA compliant. Please do not leave emergent medical information on a text message as this is not HIPPA compliant. For primary care patients that need a medication refill over a holiday or weekend, a 24-hour notice will be required unless medication is for emergent treatment.

9. Missed appointments: Our policy is to charge \$25 or the copay for missed appointments not canceled within a 2-hour time prior to appointment. These charges will be your responsibility and billed directly to you. Please help us serve you better by keeping your regularly scheduled appointment. We understand that weather, illness and accidents occur, just as they do with us, so few exceptions will be accepted. Your compliance with this will help us to remain on our schedule and not disrupt other patient schedules as well.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

I have read and understand the financial policy and agree to abide by its guidelines.

X _____ Date _____

Signature of patient or responsible party