NWABUEZE
PRIMARY CARE CLINICS

**FINANCIAL POLICY**

***Please read all the information provided:***

1) We ask that you present **ALL** current insurance card at each visit. It is your responsibility to provide us with the correct information.
2) We will verify and confirm your benefits with your insurance company at the time of service. Our staff will collect from you based on information provided by your insurance at the time visit.

3) All payments (co-pays, and deductible amounts) will be collected at the time you receive service from our office. If you have a balance after your insurance has been processed, we will also collect that amount due. Cash, Checks along with Visa, Master and Discover Cards are accepted. If a personal check is returned, there will be an additional fee of $25.

4) If you are Self Pay (do not have insurance coverage), the full cost of your visit will be expected at the time of service. We extend a Self Pay discounted rate to those paying at the time of service.

5) Your insurance policy is a contract between you and the insurance company. It is very important that you understand what services are and are not covered. You will be responsible for services not covered under your insurance policy.

6) Processing insurance claims is a courtesy that we extend to our patients but all charges from the date of services rendered are your responsibility. If your insurance company only pays a portion of the visit cost or rejects your claim, you, the patient, will be held responsible for payment, unless a specific contractual agreement exist between our clinics and your insurance. You may contact your insurance provider and discuss the reason for partial payment or rejection but this is not our clinic's responsibility.

7) Patients with medical insurance that have exceeded the allotted number of visits allowed per year will be held responsible for all charges and payment is expected at time of service.

8) If you have a change of address, telephone number or insurance, please notify the receptionist. Failure to keep your account current may result denial of payment by your insurance company, If you did not furnish your information and claims are denied they will be your responsibility. Excessive balance may result in services being denied until your balance is paid in full.

By signing, I acknowledge that I have a full understanding of Nwabueze Inc, DBA East Feliciana Primary Care Clinic's Financial Policy and agree to the terms mentioned above.

NAME: _____ (← please print here)

X _____ DATE: _____
Signature of Patient (or Guardian)