

Financial Policy

- Patients must arrive at their scheduled appointment with their insurance card, and insurance copay if applicable. **Co-pays** required by the patient's insurance plan **must be paid at the time of service**. It is important to have your correct insurance information so your claims can be processed correctly. Failure to present correct insurance information at the time of service may result in the patient being held liable for those charges that incur. (Due to timely filing guidelines with insurance companies, correct filing for labs, etc.)
- Patients with **deductibles** will be responsible for **paying \$100** of the bill on the date of service
- The patient is ultimately responsible for all charges associated with their medical care regardless of insurance coverage.
- Family Medical Center of Rocky Mount providers are contracted with a large variety of insurance plans; accept assignment and are participating providers with Medicare. **If the patient has an insurance plan that Family Medical Center of Rocky Mount is not contracted with, the patient will be considered self-pay and will pay the self-pay fee schedule at time of check out.**
- We participate with Medicare- We will file Medicare Advantage plans that we are contracted with. There are some Medicare Advantage plans that we are not contracted with and you will be considered self-pay and be expected to pay the rates of our self-pay fee schedule
- Patients that do not have insurance coverage and/or cannot provide proof of insurance at the time of service will be considered self-pay. **New Self-pay patients will be required to pay \$314.00. If the patient is not prepared to pay this, then the appointment is rescheduled and a payment of \$314.00 will be expected at the newly scheduled appointment. The \$314.00 payment will be applied to your charges for your new patient visit and you will pay any balance over the \$314.00 at the time of check-out.**
- You will be billed in full for services that your health plan deems to be non-covered services; any balances due after we have received payment from your insurance carrier and/or balances for self-pay services and supplies.
- **All balances are payable within 30 days of receipt of the patient statement.**
- We accept Cash, Check and Credit Card (Master Card, Visa, Discover and American Express) Payments can be made online at www.rmfmcc.com
- A \$30.00 Return Check Fee will be assessed to your account for any check returned as not payable.
- Family Medical Center of Rocky Mount reserves the right to submit any patient account to collections if it is deemed that the account has been in default of payment obligations or compliance of this policy.

Treatment of Minor

- If the patient is a minor (under the age of 18) a parent/legal guardian must be present at each appointment.
- We must have a signed consent form on file if a parent or legal guardian does not accompany a minor child.
- The parent/guardian is responsible for all charges not covered by insurance.

Our practice believes that good patient/provider relationships are based upon understanding and good communication. If you have any questions about financial arrangements, please feel free to contact the Insurance/Billing Department. We will make every effort to assist you concerning your account.

By signing this form, I acknowledge that I understand the policies as outlined above. In addition, my signature permits Family Medical Center of Rocky Mount to file claims to my insurance (if applicable). I also understand I except financial responsibility for all services rendered regardless of insurance coverage.

Patient Printed Name _____ Date _____

Signature of Patient/Parent/Legal Guardian _____

Account Number _____