

**Orange Family Physicians
Financial Policy**

Thank you for choosing Orange Family Physicians as your healthcare provider. We are committed to your treatment being successful. Our goal is to provide quality modern healthcare in a safe, friendly, family-oriented environment as we have done since 1979.

WE ACCEPT ALL MAJOR CREDIT CARDS, CHECKS, AND CASH.

Personal Patient Information:

In order to provide quality healthcare and accurate billing, it is of the utmost importance that you inform our staff of any changes in address, insurance, etc at each visit. To ensure this and remain compliant, we ask that you complete a new patient information sheet every 12 months.

Insurance & Insurance Collections:

We will bill your insurance as a courtesy. **Co-payments and deductibles are to be paid at the time of your visit.** We will estimate the balances to the best of our ability. However, you still may end up owing a small amount once the claim is processed.

Please understand that insurance reimbursement can be a long and difficult process. In fact, insurers will routinely stall, deny, and reduce payments. To that end, our billing staff has undergone extensive training to maximize your insurance reimbursement, while reducing the time by which they pay.

If we do not have a signed contract with your insurance company, you will be responsible for the balance of services provided.

Usual & Customary Rates:

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of the insurance company's arbitrary determination of usual and customary rates.

Return Checks:

In the event that a check is returned for insufficient funds, we will notify you and give you ten days to pay the amount of the delinquent check in full with cash. If we do not receive the cash payment in full within ten days, a \$35.00 return check fee will be added. Furthermore, we will submit this delinquent account over to our attorneys at which time any and all civil penalties as provided in Section 8.01 - 27.1 of the Code of Virginia (1950) will be imposed. I also waive the benefit of Homestead Exemption or other exemption under insolvency laws.

Collection Fees:

Should this account become delinquent and collection becomes necessary, the undersigned agrees to be responsible for attorney's fees of 33 1/3%, interest at 18% per annum from the last date of payment and any and all applicable court costs.

Broken Appointments:

Our office requires 24 hour notice if you are unable to keep an appointment. If for some reason you neglect to notify us you will receive a letter the first time. If it happens again, there will be a \$25 charge to your account. **Multiple NO SHOWS may result in being dismissed from the Practice.**

Minor Patients:

The parent(s) or guardian(s) of the minor are responsible for full payment. Prior consent is required for unaccompanied minors.

Divorce Decrees:

This office is NOT a part to your divorce decree. Adult patients are responsible for their bill at the time of service. The responsibility for minors rests with the accompanying adult.

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

I have read the Financial Policy. I understand and agree with the Financial Policy.

X _____ Date: _____
Signature of Patient or Responsible Party

X _____ Date: _____
Signature of Co-Responsible Party