

Cornerstone Family Care
Financial Policy

We thank you for choosing Cornerstone Family Care for your healthcare needs. Whether you come to us by referral of another physician, by direction of your insurance company or like many others, by referral of a friend or relative, we will strive to provide to you the most complete and up-to-date care possible. Please do not hesitate to ask any questions which may arise regarding our practice. We will gladly discuss your proposed treatment and answer any questions relating to your insurance.

Below, you will find our office policy regarding payments, insurance filing, co-pays and collections. We hope this information will be helpful and will prevent any misunderstanding in the future.

- All patients are required to update Patient Information once per year. A current and valid insurance card and drivers license should be presented at each appointment. We also require updated HIPAA and Financial Responsibility policies yearly.
- If you have no insurance, payment is due at the time services are rendered.
- We require ALL patients to have a credit card/debit card on file for balances. We will collect co-pay amounts at the time of service. We will process and submit charges to insurance carriers as appropriate. You must realize, your insurance is a contract between you and the insurance company. Payment to us is your responsibility and not that of your insurance carrier. Once the carrier processes the claim if any additional patient responsibility is due, a statement will be sent to the patient. The patient will have 30 days to pay the amount due before the credit card on file is charged. After 30 days, the patient will receive a courtesy call and the patient will have 72 hours to respond to the courtesy call to make arrangements for payment. After this three day period, the card on file will be used for payment.
- We accept three methods of payment: credit card, cash or check. Should your check be returned to us unpaid, there will be a \$25.00 service fee charged to your account and your subsequent visits will be a "Cash Only" basis.
- Patients are responsible to know which lab contracts with their insurance company.
- We charge a \$50.00 no show/cancellation fee for all appointments in this office not cancelled within a 24 hr period prior to the appointment time. This includes ultrasound testing.
- There is a 15.00 finance charge added to all balances after EACH 30 day billing period.
- Any time during your care with us, we ask that you please notify the reception desk of any changes in your personal information file: insurance, address, telephone numbers, employment, etc.
- The patient is required to present a current active insurance ID card and personal ID card each time you visit us.

Account Delinquency

We realize that temporary financial problems may affect timely payment on your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. We do use outside agencies as a means of collections should we deem it necessary. All balances are the responsibility of the patient. If your insurance has not paid their portion, this becomes your responsibility. Accounts become delinquent after sixty days, if your insurance hasn't remitted payment to us, payment will be due in full from you. Please keep in mind that not all services are covered benefits in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We are pleased to have the opportunity to serve you. We will provide services to you and will do our best to file your claim in a timely and professional manner. If you have any questions, about the above information or any uncertainty regarding insurance coverage, don't hesitate to ask us. We are here to help you.

Patient Signature: _____ Date: _____

FLegal Representative: _____ Relationship: _____