



Mason Harrison, FNP-C

FINANCIAL POLICY

The following disclosures are made in compliance with the Federal Truth in Lending Law. River Rock Family practice, P.C. will extend credit to a patient with the understanding that:

Parent/Child The adult accompanying the child is responsible for payment at the time of service including copayment. The parent/guardian with whom the child resides is the person who will be billed for services rendered. We will not be involved in mediating financial arrangements between parents/guardians. We will bill insurance as stated below.

Regarding Insurance It is the responsibility of the patient to know what is covered and excluded from his/her plan. You will be asked to present your insurance at each visit. If this information is not provided, the balance will be the patient's responsibility. We ask that you pay your copay at the time of service. If this payment is not made by closing of the next business day a charge of \$10.00 will be assessed. We accept all payments made from the insurance. If there is overpayment made from either the patient or insurance, there will be a refund generated.

Secondary Insurance We will submit claims to your secondary carrier as a courtesy. You are responsible for deductibles, co-pays, and any non-covered services provided. You are responsible for any balance after insurance (s) has cleared.

Usual and 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.

Private Pay We ask that our patients without insurance pay in full at the time of service. We offer a discount if full payment is made on the day of the visit. All charges are due and payable within 30 days from the date of the closing statement. If there is no payment made at that time, the patient has 60 days to pay off the debt until a monthly billing charge of \$5.00 is charged.

Monthly Payments on Outstanding Balances If you are not able to pay your account in full at the time of service and need to make monthly payments, you will need to make a payment arrangement with our office. After this arrangement is made, the account will be turned over to our collection agency if it is not met.

Service Charges We reserve the right to apply a billing charge of \$5.00 per month to your account for balances after 60 days. A fee of \$25.00 will be assessed to your account for any checks returned due to non-sufficient funds. We will charge the patient \$5.00 for forms filled out by the physician if not done at the time of service. This is to cover additional administrative costs. These amounts will not be billed to the insurance company. We accept personal checks, money orders, VISA, MasterCard, and cash.

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

I have read, understand and agree to the Financial Policy for River Rock Family Practice, P.C.

Signature of Responsible Party

Date