

Office Financial Policy

We would like to thank you for choosing Gulf Coast Physician Partners as your doctor. As one of our patients, we would like to keep you informed of our current office and financial policies. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

1. On arrival, please sign in at the front desk and present your current insurance card at every visit. **IF THE INSURANCE COMPANY THAT YOU DESIGNATE IS INCORRECT, YOU WILL BE RESPONSIBLE FOR PAYMENT OF THE VISIT.**
2. If we are your primary care physician, make sure our name appears on your card. If your insurance company has not been informed that we are your primary care physicians you may be financially responsible for the visit.
3. According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances.
4. **ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE.**
5. We do submit to secondary and tertiary insurance plans.
6. If you have no insurance, payment for an office visit is to be paid at check-in.
7. Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due *within* 10 business days of your receipt of your statement. To schedule appointments, prior balances must be paid prior to the visit.
8. If previous arrangements have not been made with our billing office, **any account balance outstanding greater than 28 days will be charged a \$3 re-bill fee.**
9. Any balance over 90 days may be turned over to a collection agency unless other arrangements have been made. **Once an account is in collections, you will be charged 22% on balance, % and balance must be paid in full prior to scheduling an appointment.**
10. ***If special circumstances make immediate payment impossible, payment arrangements must be approved in advance by our billing office staff.***
11. We require 24-hour notice for cancelling any appointments. There is a \$25 charge for appointments if they are not cancelled OR if 24-hour notice is not given.
12. Checks returned for insufficient funds will be charged a fee up to \$30 per check.
13. We charge \$1 per page up to 25 pages and .25 cents for each page thereafter for medical records plus postage, unless records are being sent to a medical provider for the first time.

14. If you have forms to be completed, there is a 3 to 5 day turnaround time.
15. Advance notice is needed for all non-emergent referrals, typically 7 to 10 business days. Remember your primary care physician and insurance company must approve referrals before being issued.
16. Not all services provided by our office are covered by every plan. Any service determined to not be covered by your plan will be your responsibility.

If you have questions regarding this financial policy, please contact **The Billing Office** between **8:00 a.m. and 4:00 p.m. Monday through Friday at 623-9787**

I have read and understand this office financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

Patient Name: _____

Responsible party's name

Relationship

Responsible party's signature

Date

