

A. F. ASSOCIATES FAMILY MEDICINE, PC POLICIES

Some of our policies have recently changed. Please familiarize yourself with these policies and complete the agreement below.

Registration:

In order to manage your medical needs, we will need to have you complete a new registration form when any of the following occur:

- New insurance of any kind
- New address/phone number
- New employment
- New addition to family

Your current insurance card must be presented at registration for every visit in order for us to bill your insurance for you. If you do not have proof of coverage, **all balances will be due at the time of service.**

Insurance:

Your health insurance is a contract between you and your insurance company. As a courtesy to you, we bill your carrier on your behalf and participate with many of the insurers. Participation means we have contracted to accept their fee schedule, collect all copayments at the time of service and collect any balances due after they have processed your claim.

Financial Policy:

Our current method of payment collection is an electronic service which allows us to obtain an authorization from you to collect payment from your debit or credit card once your insurance company notifies us that they have processed your claim. With this service we will produce an itemized statement of the total charges being submitted to your insurance carrier at the point of check out. We will then swipe a credit or debit card of your choice which allows you to authorize payment of what you will owe after insurance. **Your card will not be charged until after we receive payment/rejection from your insurance company.** You should receive an explanation of benefits (EOB) from your insurance company about one week before we receive their payment. This EOB will serve as your statement, thus eliminating a duplicate statement from our office. This will show you how much they paid us and what your responsibility is. The transaction for the amount that you owe will then post to your credit or debit card within 3 to 5 business days after you receive your notice from the insurance company.

If you feel your responsibility will be more than you can afford or you do not have insurance, we can set up a payment plan and have your monthly payment automatically deducted from your credit/debit account as well. If you do not have a credit or debit card, we will estimate your responsibility and payment by cash or check will be expected at the time of service. **As a last resort, we will send you a bill which will include a billing fee of \$10 for each statement that is sent.** This process is simple and environmentally friendly! Your cooperation with our policy is greatly appreciated.

Referrals

Many insurance companies require prior approval of visits and testing done outside the primary care physicians office. Should your primary care physician refer you to another physician or facility, we will gladly process your prior authorization as long as we have a current copy of your insurance card on file and have received the request prior to the scheduled appointment. We will **NOT** backdate a referral for any reason. Emergency Room visits must be reported to us within 48 hours of treatment.

After Hours Policy

Our office is open weekdays from 9:00 a.m. to 5:00 p.m. We turn our phones over to the answering service from 12:30 to 1:30 p.m. weekdays for the lunch hour, evenings and weekends. If an emergency arises outside the scheduled office hours, the physician on call will be available through our answering service to assist you. To reach the after hours service, call our main office number at (616)285-6450. If for some reason you are not appropriately connected to the service, you may dial them direct at (616) 776-7404.

If you have a medical emergency, go directly to the Emergency Room or call 911. Appropriate use of Urgent Care Centers and the Emergency Room are encouraged. When in doubt, contact the physician on call for direction. The on call physician is available and willing to meet you at the office during after hours when appropriate. *We ask that calls after hours be restricted to urgent problems or emergencies.* Please hold routine inquires for regular office hours.

Website

Please check out our website at www.af-associates.com. Here your will find information about our practice and policies, printable forms and links to education and other medical information. You may also request prescription refills, schedule and cancel appointments and pay a bill on our site.

I hereby state that I have read and understand the policies of AF Associates Family Medicine.

Signature: _____ Date: _____
Patient signature (over 18yrs), Parent or Guardian if under 18yrs