



FINANCIAL POLICY

In Order to provide your health care at the most affordable cost, our medical staff requires payment at the time of service.

IF YOU HAVE INSURANCE:

We will file most insurance, but you are responsible for any balances. If you have health insurance, you will not be held liable for "insurance charges" until 30 days after the date of service. If, after 30 days, your insurance has not paid in full, the entire balance becomes your responsibility. Insurance co-payments and deductibles are due at the time of the service.

SELF PAY:

If you are without health insurance, our staff will require payment for the office call at the time of service. Additional services will be billed to you. If full payment cannot be made within 30 days, our staff will be happy to arrange a repayment agreement.

OUR COLLECTIONS POLICY:

If, after 30 days from the date of service, your account is not paid in full, all charges are your responsibility. If, after 60 days from date of service, a balance still remains, we have the option of forwarding your account to our collections department.

If, after 90 days from the date of service, any balance remains on your account, we will consider an outside collection agency or other means to pursue your account. To avoid this, please call our business office to make special arrangements regarding a payment agreement.

DELINQUENT ACCOUNTS:

After 120 days, if a balance remains without a payment agreement, we will no longer continue as your family's provider of health care. We suggest that you place yourself under the care of another physician without delay. Once paid, in full, we will be happy to consider reinstating the patient/doctor relationship. However, future services may be based upon a "cash only" agreement, as determined by Lake County Family Practice.

My signature below indicates that I have read and understand the terms of this financial policy.

PATIENT _____ RESPONSIBLE PARTY _____
(PRINT NAME) (SIGN NAME)

DATE _____ WITNESS _____