YELM FAMILY MEDICINE FINANCIAL POLICY

The following is a statement of our **Financial Policy** which we require that you read and sign prior to any treatment. Please understand that the provider – patient association is a contractual one; we provide services and in return expect full payment for these services. You, not any other third party, are ultimately responsible for payment for these services.
All patients must complete our **"Patient Information Form"** before seeing the doctor.

REGARDING INSURANCE
We accept assignment of benefits if you are insured by one of the following:

Aetna
First Choice
Premera Blue Cross
Cigna
Humana Medicare Advantage
Premera Medicare Advantage
Regence Blue Shield
United HealthCare
US Family Health Plan
Labor and Industries (State and Self-Insured, Washington only. NO OWCP/Federal claims)

Established patients only:
DSHS
Molina Healthy Options
United Healthcare Healthy Options
Medicare
Tricare

DEDUCTIBLES AND CO-PAYMENTS ARE DUE AT THE TIME OF SERVICE
If we do not have a contract with your insurance company, you will be responsible for all billing. *Office policy is that you are to pay at the time of service. If you do not have medical insurance it is our policy to collect payment at the time of check-in. All co-pays and deductibles are due at the time of check-in.*
Please be aware that some and perhaps all of the services provided may be "non-covered" services and not considered reasonable and necessary under the Medicare program and/or other medical insurances.

BILLING
If for whatever reason it becomes apparent after you have left the office that additional payment is due, (i.e., insurance denial, additional charges, etc.) you will be billed for the additional amount. Payment is due within 30 days of this billing. Any account upon which no substantial payment has been made by 60 days after the original billing will be automatically submitted to our outside collection agency and will appear on your credit report. ***Your protected health information will be used, as needed, to obtain payment from your health insurance plan for your health care services. We will provide only the minimum necessary.***

USUAL AND CUSTOMARY RATES
Our practice is committed to providing the best treatment possible for our patients and we charge what is usual and customary for our area. You are responsible for payment in full regardless of any insurance company's arbitrary determination of usual and customary rates.

MINOR PATIENTS
The person accompanying a minor is responsible for full payment. An unaccompanied minor (with prior authorization of a legal guardian) must have payment in full for services rendered.

MISSED APPOINTMENTS
Appointments missed or canceled without at least 3 hours notice may be charged at the rate of a normal office visit. Four or more no-shows may result in you and your family being released from the practice.

I have read and understand and agree to the above financial policy. I understand any legal action, arising under or related to this Agreement, shall be brought to and maintained exclusively in a state court of Thurston county, in the state of Washington. I further agree to pay reasonable attorney fees if my account goes to collections.

Printed Patient Name **DOB**

Signature of adult patient or guardian **Date**