

Financial Policy Form

We would like to thank you for choosing Tree of Life Integrative Family Medicine as your health care provider. We consider it an honor & privilege to participate in your care.

Understanding your financial responsibilities and expectations will save you worry and stress later. If you have any questions or concerns about our payment policies, please ask to speak with a member of our billing staff at 609.365.8120.

It is important that you understand this policy before you receive treatment. Payment is required at the time services are rendered. This includes applicable coinsurance, deductibles and copayments for participating insurance companies as well as payment for all services not covered by insurance. Examples of noncovered services are IV therapies and some supplements. Our practice will accept debit cards, and for your convenience, Visa, Mastercard, Discover and American Express. **We do not accept cash or personal checks.**

We are legally required to collect co-pay and deductible. The Health Care Financing Administration (HCFA) is the federal government agency responsible for setting policy and overseeing Medicare & Medicaid programs. HCFA has mandated that physicians and other providers of healthcare must collect copays, deductibles and co-insurances. This is enforced by the Office of Inspector General (OIG).

We understand that things do happen, and financial problems may affect your ability to pay the bill in full. We will always do everything we can to work with you. However, we ask that you contact us as soon as possible to work out an arrangement that is satisfactory for everyone.

Additional Fees :

- There is a \$35 fee for insufficient funds or declined payments.

- There is a \$35 fee to reschedule an appointment if you no-show with less than 48-hour notice or after 11am on Friday for a Monday appointment.
- There is an out-of-pocket encounter fee of \$50 per 15-minute increment or fraction thereof if I require non-emergent telephone communication between office visits regarding my care.
- There is a fee of \$1/page to obtain a copy of your medical records.
- There is a fee of \$10/page for form completion.

We appreciate your trust in us and thank you for the opportunity to serve your healthcare needs.

Assignment and release: I authorize payment to be made directly to Tree of Life Integrative Family Medicine, and fully aware that I am the responsible party for all charges incurred by me or my dependents at this facility. I also authorize the release of any and all information required to collect and process my claims.

Print Name

Signature _____ **Date** _____

Thank you for choosing Tree of Life Integrative Family Medicine as your health care provider.

Tree of Life Integrative Family Medicine (TOLIFM) requires a credit card on file to make the billing process simple and easy for the clinic and our patients.

Your credit card information is stored within our secure electronic health record, which meets the strict HIPAA security standards. We swipe your card

into the system, and only the last 4 digits of the card are visible to any staff at TOLIFM. We will not write down or keep any written information about your card including the number, expiration date or security code on the back of the card.

For any balances owed after a visit or procedure, we will send you a statement. Your card will be charged 21 days after the statement is mailed. If you wish to settle your balance by another payment method, please contact our office within those 21 days. We will send you a receipt after your card has been charged. If your card is declined, we will contact you. If our call is not returned within one week, a \$35 declined payment fee will be applied, and another statement will be mailed. Your account becomes delinquent if not paid within 30 days after the date of the original statement. The unpaid balance will be subject to a finance charge of 1.5% (18% APR) or \$35, whichever is greater. Further delinquency will be subject to collection with additional finance fees. TOLIFM reserves the right to terminate a patient from the practice if payment is not received according to the agreed upon payment arrangements.

We understand that healthcare is often a large expense, and we are always willing to provide payment arrangements. These arrangements will require a credit card on file for monthly payments. Please contact our billing department if you need assistance with paying your outstanding balance.

By signing below, you acknowledge and agree to the Tree of Life Integrative Family Medicine's Credit Card on File policy. If the patient is not able to sign, the signer below is the legal guardian or responsible for the patient's account.

Print Name _____

Relation to Patient _____

Signature _____ **Date** _____