



## Patient Financial Responsibility Policy

Thank you for choosing Lake Street Family Physicians as your primary care provider. We are committed to providing you with quality and affordable health care.

Please read our Patient Financial Responsibility Policy carefully and ask questions about any part of the policy. Your signature at the bottom is your agreement that you understand and agree to the payment requirements as outlined. We will provide you with a copy of the policy upon request.

- 1. Insurance:** As a courtesy to our patients, we submit a claim to your insurance company for each service provided by Lake Street Family Physicians. Therefore, it is important that we always have your current insurance information. You will be asked to show your insurance card at each visit for verification. If we do not have current insurance information, you may be asked to make payment at the time of service.  
Knowing your insurance benefits is **your** responsibility. You will need to talk with your insurance company directly to determine if your physician and services rendered are covered under your specific group benefit plan.
- 2. Co-payments, deductibles and outstanding balances:** All co-payments, deductibles and outstanding balances must be paid at the time of service. This arrangement is part of your contract with your insurance company.
- 3. Non-covered services:** Please be aware that some of the services you receive may not be covered by your insurance benefit plan. It is your responsibility to know the benefits of your insurance plan.
- 4. Claims submission:** We will submit your claims to your insurance company as a courtesy to you and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility and must be paid upon receipt of a billing statement from us.
- 5. Insurance changes:** If your insurance coverage changes, please notify us ASAP so we can update your record.
- 6. Nonpayment:** If your account is over 90 days past due, you will be asked to make a payment arrangement until balance is paid in full. If payment arrangements are not made in a timely manner, we may refer your account to a collection agency. You and your immediate family members may be discharged from our practice. You will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30 day period, our physician will only be able to treat you on an emergency basis.
- 7. Missed appointments:** You will be charged \$25 for missed routine and follow-up appointments and \$50 for missed physical examination appointments that are not cancelled within 24 hours. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your scheduled appointment. As a courtesy, we will attempt to contact you to remind you of your appointment, however, it is your responsibility to keep track of your appointments.
- 8. Medical Records:** There is a **\$35.00** charge for copying and/or sending medical records.

**I have read and understand the payment policy and agree to abide by its guidelines:**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship (if applicable): \_\_\_\_\_