

WELCOME TO
Insight Family Health Center

Please read and sign this page.

In order to better serve your needs and clarify any questions that you may have regarding your insurance, appointments, prescription refills, etc, we have adopted the following policies. If you have any questions, please speak with a member of the office staff and they will gladly assist you.

1. **Payment in full is due at the time of the visit if you do not have insurance coverage. We require any co-pay, deductible or co-insurance to be paid on the same day services are rendered.**
2. A current valid insurance card is required in order to file a claim with your insurance company. **You must bring your current insurance card with you for every visit to our practice.**
3. Your insurance policy is a contract between you and your insurance company. Our office is not a party to this contract. **Please be aware that some, or perhaps all, of the services we provide may not be covered.**
4. Our office is a participating provider of most health plans. If we are not a participating provider in your plan, it will be your decision to receive treatment outside of the provider network. In these cases, you will be responsible for payment.
5. **Missed or Late Cancellation of Appointments**
Appointment must be cancelled at least 24 hours in advance. This will allow us to give the appointment to someone who needs it. **There is a \$25 charge** to the patient for a missed appointment or a cancellation with less than 24 hours notice.
6. **Returned Check Fee**
There is a charge of \$25 in the event of a returned check for insufficient funds in addition to the check amount.
7. **Prescription Refills**
Please do not wait until you are out of medications to request refills. *Call your pharmacy at least 3 days in advance and have them fax the office with your refill request.* If you need a written prescription or a mail order prescription completed, we also ask that you request these at least 3 days in advance.
8. When scheduling appointments, please state all reasons for the visit. This will allow us to give you the appropriate amount of time with the medical provider. Please use the Appointment Guidelines handout to help determine what type of appointment you need and how much the visit will cost.
9. Please allow at least **1 week for completion of any referrals.** You are responsible for rescheduling and notifying our office of the new date. If the scheduled appointment does not meet your schedule requirements, you will be responsible for rescheduling at your convenience.
10. Please allow at least **2 weeks for our office to contact you with your lab results.** If you have not heard from us within 2 weeks, please call us for your results.
11. If you accrue any balances, missed appointment charges or returned check fees, we will mail a "statement" to the address you have provided. **In the event that payment is not received from you within 30 days, a second "past due statement" will be mailed. If we still do not have payment within 30 more days or have not heard from you to make arrangements for payment, we will make every effort to notify you that the account is being turned over to Equifax and will impact your credit rating.**
12. Labs are billed by Spectrum Laboratory Network unless arranged differently at the time of your visit. **You will be responsible to them for payment of any accrued lab costs.** They will file your insurance for you, but you will be responsible for paying whatever your insurance denies.
13. If you wish to speak to the medical provider directly, please allow *48 to 72 hours for returned calls.* If you have not received a response to a message left for the medical provider within 72 hours, please call back.
14. *If you are late for your scheduled appointment, you will be asked to reschedule your appointment.* Our office attempts to run smoothly and to not have patients waiting for appointments; therefore, we must stick as close as possible to the schedule. If there is no patient in the appointment time following yours, we will attempt to see you anyway. Or, if you are scheduled for a longer appointment, we will see you for a shorter period of time and address fewer of your issues.
15. If you desire a copy of your medical records, please request this in writing and **allow us 1 week to copy them and send them where you direct.** We will only provide copies of records our office has developed, not old records.

We thank you for working with us in adhering to these policies.

I hereby acknowledge that I have read these policies and agree to abide by them to the best of my ability. I hereby acknowledge that I have received a copy of this handout for my personal records.

Patient Name (Print)

Patient/Guardian Signature

Date