Foothills Family Medicine of Westminster

Authorization for Payment

I understand the following:

* I am responsible for bringing a valid insurance card to every visit. If I do not have my card, I will be responsible for the payment at the time of service.
* If I do not have insurance, payment is due at the time of service. Foothills Family Medicine accepts cash, check, MasterCard, Visa, Discover and American Express for my convenience.
* It is my responsibility to provide the office with up-to-date insurance, address and telephone information.
* I understand co-payments and deductibles are due at the time of service
* I understand that if I have insurance, Foothills Family Medicine will file it on my behalf, but ultimately my policy is a contract between me and my insurance company. Foothills Family Medicine is not a part of that contract.
* All charges are ultimately my responsibility and not all services are a covered benefit in all insurance contracts.
* I understand that Foothills Family Medicine does not file for auto accidents and I am responsible for those charges at the time of service.

Foothills Family Medicine accepts assignment for Medicare and Medicaid, which means we will file your claim for you. You will be responsible for any yearly deductibles, co-insurance and co-pays at the time of service. We do not file for auto accidents. We will be happy to provide you with any information needed to file the claim yourself. For patients with commercial insurance, we will bill your insurance company; however, once your account becomes 45 days old, you will be responsible for the entire balance. Once any account, whether insurance or self pay, accumulates an unpaid debt that exceeds 60 days with no payment and no effort on the part of the patient, you will not be seen until the balance is paid in full, and you could be discharged from Foothills Family Medicine and turned over to our collection agency. If needed, we will work with you to establish a monthly payment plan based on your balance. We understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any problems to our billing office so that we may assist you in the management of your account. We also understand that there may be special agreements between parents regarding a child’s medical expenses; however, the parent who brings the child in for his/her visit is responsible for making payment on that date.

Other Office Policies

* No medications will be filled or refilled without an appointment with one of our providers
* Any copies of your records we provide for you will be charged at 10 cents per page
* If your records are moved to another family medicine office, you will no longer be considered a patient of Foothills Family Medicine of Westminster
* I medical advice is refused and appointments for testing are not kept, Foothills Family Medicine is not responsible for any bad outcomes and you could be dismissed from the practice.

I have read and understand the above information.

**Print Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Responsible Party’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_

REV 4-2014