

LaFayette Clinic Financial Policy and Assignment of Benefits

Thank you for choosing LaFayette Clinic to meet your medical needs. We are dedicated to providing the best treatment available. Our Patient Financial Policy is intended to describe our expectations regarding the payment for services we provide.

1. All co-pays and deductibles are due at the time of service. We will also collect all previous outstanding patient balances at the time of your visit. If you have no insurance coverage, payment is due at the time of service unless prior arrangements have been made. We accept cash, check, Visa and MasterCard. There is a \$25.00 fee assessed for all checks returned unpaid by banks.
2. Keep in mind that your insurance policy is basically a contract between you and your insurance company. As a service to you, we will file your insurance claim if you provide us with the correct information and assign the benefits to the physician.
3. It is your responsibility to inform us in a timely manner of any changes to your billing and insurance information. If an insurance company denies payment for incomplete or wrong information, it is your responsibility to make payment in full. Please be aware there is a time limit on how long we have to file insurance claims. If we miss the deadline because you did not provide us with the correct information, you will be responsible for payment in full.
4. If your insurance company requires a referral form or authorization, it is your responsibility to obtain this from your primary care provider or insurance company prior to your appointment. We will be happy to assist you with this process.
5. LaFayette Clinic participates with many, but not all, insurance plans. It is your responsibility to contact your insurance company to verify that we participate with your plan.
6. If your insurance company does not pay the practice within a reasonable period, we will transfer the balance to your responsibility. We request your assistance in following up with your insurance company to resolve any non-payment issues. It is your responsibility to pay the bill. We are not providing medical services to your insurance company; we are providing them to you.
7. You are responsible for any and all portions of the bill denied or not covered by your insurance plan. Patient account balances are due within 30 days of the receipt of the billing statement.
8. If you have an outstanding patient balance over 60 days old and have failed to make appropriate payment arrangements with our Business Office, your account may be turned over to an outside collection agency. If you have established a payment plan and fail to make agreed upon payments, your account may be turned over to a collection agency.
9. We will make every effort to give you a reminder call at least 48 hours prior to your appointment; however, it is your responsibility to remember your appointment. The second time you do not show up for a scheduled appointment, or cancel with less than 24 hours notice, a missed appointment fee may be charged. This fee must be paid before a new appointment is scheduled.

Assignment of Benefits

I hereby assign all medical and surgical benefits, to include major medical benefits to which I am entitled. I hereby authorize and direct my insurance carrier(s), including Medicare, Medicaid, Tricare, private insurance and any other health/medical plan, to issue payment check(s) directly to LaFayette Clinic, PA for medical services to myself and/or my dependents regardless of my insurance benefits, if any.

I have read and understand the practice's financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.

Print Name of Patient

Signature of Patient (or responsible party if minor)

Date