

FAMILY PHYSICIANS OF LIMA, INC. OFFICE/FINANCIAL POLICIES AND PROCEDURES

At Family Physicians of Lima, Inc. we strive to give you great service and high quality care. As our patient it is necessary that you abide by our policies and procedures, so we can continue to provide you with the best care possible. Thank you for choosing Family Physicians of Lima!

It is your responsibility to notify our office of any changes to your name, address, phone numbers, employment, insurance, co-pay, and medications. **Your insurance card, co-pay, and medications are to be brought to every visit.**

No Insurance:

- Payment is due at the time of service.

Insurance/Billing, it is your responsibility:

- To make sure that our physician/nurse practitioner is in your plan.
- To know your insurance benefits including co-pay and deductible.
- To pay the co-pay (it cannot be waived; it is required by your insurance company).
- To pay the bill you receive from us.
- To call immediately if you have any questions about your bill.
- To make payment arrangements if necessary.

Miscellaneous Charges include, but not limited to:

❖ Completion of various forms	\$10.00-\$20.00
❖ Any prescription requests (other than at the time of an office visit)	\$25.00
❖ Transfer of records (per page)	<i>as determined by Ohio Revised Code</i>
❖ Co-pay not paid at the time of service. <i>In addition, we will be unable to file the claim from that visit.</i>	\$30.00
❖ Service charge on returned checks	\$45.00
❖ Cancellation fee (unless we are given a 24 hour notice, or special circumstances)	\$25 established /\$60 new
❖ Phone consultation with provider (as of 1/1/2016)	\$35.00

All miscellaneous charges and cancellation charges are due before we will reschedule your next visit.

Collections:

- Balances that are 90 days old are subject to our collection agency.
- When an account is sent to collection, you and all family members are dismissed from the practice.
- Any collection costs and service charges incurred are the responsibility of the patient.
- I authorize my healthcare provider and/or any entity authorized by my healthcare provider, including those using automated dialing systems, automated messages, email, text messaging and/or other electronic communication to contact me for any reason by using any telephone number, email address and/or mailing address associated with my account.

Dismissal:

If you are “dismissed” from the practice it means you can no longer schedule appointments, get medication refills or consider us to be your doctor. You have to find a doctor in another practice.

Common Reasons for Dismissal

- Failure to keep appointments, frequent no-shows
- Noncompliance
- Abusive to staff
- Failure to pay your bill

Dismissal Process:

- A letter will be sent via certified mail notifying you of your dismissal.
- We will provide 30 days of emergency care.
- After a release form is signed, a copy of your medical records will be forwarded to your new doctor.

**This is an abbreviated statement. A full statement is available upon request.*

I ACKNOWLEDGE THAT I HAVE RECEIVED AND READ A COPY OF THE FAMILY PHYSICIANS OF LIMA OFFICE/FINANCIAL POLICIES AND PROCEDURES; I AGREE TO AND UNDERSTAND MY RESPONSIBILITY, AND WILL ABIDE BY THESE POLICIES AND PROCEDURES.

**Signature of patient (or guardian) on separate page*

Revised 5/2016 (Policies are subject to change)