



POLICY ON OFFICE VISITS

The following policies are effective immediately.

At this time our office does not know the complexity of your health problems. While we are unable to give you the exact amount of your fee for this visit until *after* you have been examined, and your insurance has paid we have enacted these policies for our office.

Self-Pay patients: If you do not carry any insurance, or have neglected to bring the appropriate insurance information, our office request payment in full at the time of the visit. If you are not able to pay for the visit you will be asked to reschedule your appointment. Our office accepts personal checks, Visa, Mastercard, and Discover.

Workers' Compensation Patients: If you were injured at work or have filed a workers' compensation claim for this injury, you are responsible to provide necessary information to our office. This includes the workers' comp. carrier, their address, phone number, and the claim number. If you do not have this information with you, you will be treated as a self pay patient and payment will be due at the time of the visit.

Health Insurance: You are responsible for providing our office with a current copy of your insurance card at every visit. You are also responsible for obtaining a referral form your doctor if applicable. If you have a co-pay, it is due at the time of today's visit. If a valid insurance card is unavailable you will be treated as a self pay patient. Well exams, sports, school and work physicals are typically not covered by insurance companies. It is your responsibility to contact your insurance company before you visit to understand what is covered under your policy and to ensure our doctors here at PFC are providers for your policy. If you are transferring from another doctor you must contact your insurance company and have one of our doctors names put on your insurance card.

Auto Insurance/Third Party Liability: We do not bill third parties. These visits are considered self pay and you are expected to pay for the visits in full at time of visit.

We would like to Thank You for your cooperation. By signing below you indicate that you have read our policies and understand them, and agree to pay for services provided by our office. If you would like to receive a copy of our policies, please ask the receptionist.

Signature: _____ Date: _____