



Financial Policy

We at PFP are committed to providing you the best possible care and helping you receive maximum insurance benefits. You need to understand your insurance policy: not all services are covered by all plans, and we do not know the details of all insurance plans. While the filing of insurance claims to insurers with whom we participate is a service that we extend to our patients, all fees ARE ultimately the patient's responsibility. We accept assignment from most major insurance carriers, which means covered charges will be paid directly to us. We file secondary insurance with PFP participating insurance carriers only, newborns must be added to your insurance policy within the first 30 days of life, otherwise you may not be able to enroll your child until the next open season. You will be held responsible for all services provided, with or without insurance benefits.

If we do not participate with your insurance plan, you may still choose to be seen by the practice. As a courtesy to you, we will provide you an invoice, and you are responsible for filing the claim with the insurance carrier. You are expected to provide payment at the time that services are rendered.

Due to current federal and insurance regulations, all co-payments, co-insurance, and deductibles are collected at the time of service. We accept cash, checks, debit cards, Visa/Mastercard. The following criteria must be met prior to issuing a patient refund: there are no outstanding insurance claims on the family's account, and there are no outstanding patient balances on the family's account.

For a child: if both parents have insurance coverage, the primary insurance carrier is determined by "The Birthday Rule." Whichever parent's birthday falls earlier in the year is the holder of the primary insurance; the other parent retains secondary coverage. The parent with the primary custody is usually the parent with whom the child resides and the parent who usually brings the child to PFP for care. The custodial parent is responsible for payments to PFP.

If your insurance company requires you to designate a primary care physician (PCP), you are required to have authorization from us, your PCP, PRIOR to having a specialist appointment. We require 5-7 business days for routine referrals to be processed. Emergency referrals will be handled on a case by case basis. Do not call us from the specialist's office to request a referral. You may have to reschedule your appointment or self-refer, and pay the specialist's fees at the time of your visit. It is the patient's responsibility to be aware of the services required insurance pre-authorization and requesting same from PFP.

Payment plans are extended to families with financial needs. Each agreement is unique and personalized to each family's situation. Should this account become delinquent and collection becomes necessary, the undersigned agrees to be responsible for attorney fees, interest, and all applicable court costs.

Please contact PFP promptly for assistance with management of your account. 703-429-2901

Additional fees:

- \$25.00 – Missed follow-up or acute care appointment, if not cancelled more than 3 hours before appointment time
- \$50.00 – Missed well exam or pre-op exam, if not cancelled more than 24 hours before appointment
- \$10.00 – Missed nurse appointment
- \$50.00 -- Checks returned by your bank
- \$10.00—Form completion fee for forms requested outside of an office visit
- \$25.00 -- Rush service form completion fee
- \$25.00 -- Disability form completion fee
- \$10.00- Replacement for lost prescriptions
- Copies of medical records (see release)

Patient Financial Agreement

I hereby authorize Pinnacle Family Practice, LLC, to apply for benefits on my behalf for all services rendered. I certify that the information I have provided with regard to my insurance coverage is correct. I further authorize the release of any and all information necessary for my insurance company to determine benefits for services rendered. I request that payment of authorization benefits be made payable to Pinnacle Family Practice, LLC.

I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance on my account for any service rendered. I have read the above financial policy and have provided PFP with true and correct insurance information. I will notify PFP of any changes in my health insurance coverage.

A copy of this may be used in place of the original.

Signature

Date

Printed name