

Village Family Practice
Acknowledgment of Notice of Privacy Practices

I hereby acknowledge that I am aware and informed of the Privacy Policy for Village Family Practice.

Patient's Name (Print) _____ Date of Birth _____

Patient/Patient Representative Signature _____ Date _____

Documentation of Good Faith Efforts

(For use when Privacy Policy acknowledgment cannot be obtained from the patient.)

- Patient refused to sign.
- Patient was unable to sign or initial because: _____.
- Patient had a medical emergency. An attempt to obtain acknowledgement will be made at the next visit.
- Other: _____.

Village Family Practice
Payment Policy

Insurance: As a service to our patients, we will submit your claims to the insurance company. All patients must complete our patient information form and update it periodically. We must obtain a copy of your driver's license and current valid insurance card for proof of insurance. At every visit, you will need to provide our office with an up-to-date insurance card. If you fail to provide us with complete, accurate insurance information in a timely manner, you may be responsible for the balance.

Your insurance company may need you to supply certain information directly to them prior to processing your claim. It is your responsibility to comply with their request as soon as possible.

Your insurance coverage is a contract between you and your insurance company; we are not party to that contract. Therefore, knowing your insurance benefits is your responsibility. Charges incurred for treatment that are not covered by your insurance will be due by you.

If you do not have health insurance, payment in full is expected at the time of service.

Co-Payments & Deductibles: All co-payments and deductibles must be paid at the time of service. Per insurance laws and regulations, all patients are expected to pay their co-pay at the time of service. This arrangement is part of your contract with your insurance company. Options for payment include: cash, personal checks, Visa, Mastercard, and Discover. We would rather control our billing costs than be forced to assess fees. However, if your co-payment is not paid in full at the time service a \$10.00 fee will be added to your account to cover the cost of processing & billing a co-payment.

Service Charges: \$20.00 will be charged for checks returned from the bank for NSF (non-sufficient funds), closed account, etc.

Cancellation/Missed Appointments: We require 24 hours notice if you need to cancel and/or reschedule your appointment. Failure to provide such notice may result in a \$25.00 charge. This fee also applies if you miss a scheduled appointment. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your scheduled appointment; however, if you need to reschedule/cancel please inform us as soon as possible, which allows us to use the time for other patients who may need to be seen urgently.

Nonpayment: If necessary, the billing department will work with you in setting up payment arrangements. However, for those patients that do not fulfill their obligations a notice will be sent stating they have fifteen (15) days to make payment arrangements. Please be aware if a balance remains unpaid, your account will be referred to a collection agency and you will be responsible for an additional 35% of your unpaid balance for collection agency fees. If your account requires legal action you will also be responsible for court costs and reasonable attorney fees. Once an unpaid balance is placed with a collection agency, the account must be settled through the collection agency office, not with Village Family Practice. In addition, if patients have been referred to collections, all future visits will be provided on a cash only basis.

Thank you for your cooperation!

I have read and understand the payment policy and agree to abide by its guidelines:

Patient Signature or Authorized Agent: _____ Date: _____