



We are pleased to be your medical care provider and it is our desire that your visit with us be a pleasant experience. Please review our financial policy and should you have any questions, please do not hesitate to ask. Your signature indicates that you have read, understand and agree to the financial policies of Hamby and Hamby Family Medical Clinic. Again, thank you for choosing Hamby and Hamby as your health care provider.

Our financial policy is stated as follows:

1. Patients that do not have insurance are expected to pay at the time of service.
2. All deductibles, co-pays and coinsurances are due at time of service.
3. Hamby and Hamby Family Medical Clinic may refuse service without agreed payment.
4. Patients that hold a balance are required to have a valid credit card on file and make monthly payments. Five business days after a monthly payment is missed, the full balance will be charged to the credit card unless arrangements were made prior to due date.
5. Patients who have applied for Medicaid but have not received confirmation with a valid identification number are expected to pay at the time of service. Whenever Medicaid becomes available, should it be retroactive to our date of service, we will file your Medicaid and refund any payment due after Medicaid payment is received.
6. We accept most insurance plans. However, there are some plans that do not recognize our physician as a medical provider. It is **your** responsibility to determine this and to provide our clinic with the necessary information to properly file your insurance.
7. As a courtesy to our patients, Hamby and Hamby will bill your insurance. We will bill you once insurance has responded to the claim. This may cause your bill to go into past due status.
8. Patients are responsible not only for copayments and deductible but also for what the payers deems experimental or non-covered as well.
9. It is the patient's responsibility to supply Hamby and Hamby Family Medical Clinic with current and correct insurance information. Failure to do so will result in patient assuming charges incurred for those dates of service.
10. We request that all appointments be cancelled/rescheduled 24 hours in advance. All no show appointments are subject to a charge of up to \$35.00.
11. Phone conversations are billable and will be reflected on your monthly statements(s).
12. I give Hamby and Hamby Family Medical Clinic permission to release any information medical or non medical to adjudicate any claims or to supply medical information for testing that is deemed necessary by our physicians.

Patient or Guardian Signature

Date

Print Patient Name