

Thank you for choosing Trinity Family Medicine for your health care needs.

Our providers are dedicated in making your visits easy and productive. An evaluation of treatment and a health plan will be discussed with you. **Please note that the appointment is scheduled for you and you alone.** Please read, complete and sign the medical history, insurance and payment information, privacy notice, and information release authorization forms. We will also require at this time, a copy your identification (valid driver's license) and insurance cards.

Insurance: We participate in most major insurance plans, including Medicare. Insurance companies vary in coverage and benefits along with different programs that may include copays, coinsurance, cost-shares, or deductibles. Your insurance is a contract between you and your insurance company. You are responsible to know your benefits and requirements as well as keeping our office updated of any changes to your coverage. Our office will submit claims for you and make a reasonable effort to complete that process. Please be aware that some and perhaps all of the services you receive may or may not be covered or considered reasonable or necessary by Medicare or other insurers. **You are responsible for any balance due on your account. We offer a \$10.00 credit for full payment on day of service.**

Non-payment: Of course we understand that many of our patients experience financial difficulties, if this is the case please contact our billing office to discuss acceptable payment arrangements. Please be aware that if a balance remains unpaid we will refer your account to a collection agency for further action.

Returned checks: Returned checks will be charged a \$25.00 service fee along with any bank charges.

Missed appointments: **It is our policy to charge for same day missed or cancelled appointments.** A statement will be sent directly to you. Out of courtesy for others, please contact our office 24 hours before your appointment if you need to cancel or reschedule.

Prescription refills: **Please contact your pharmacy for refills on medication.** Your pharmacy will fax the request which our provider will review and/or process. You will be contacted by our office if we feel there are any questions or concerns. Please be aware that some prescriptions are considered a controlled substance and monitored by the State Board of Pharmacy. If they are lost, stolen or abused, by taking more than the prescribed dose, they cannot be refilled or replaced. It is our policy not to write any narcotic prescriptions for new patients.

Thank you for choosing Trinity Family Medicine as your primary care provider (PCP). Our staff is committed to providing the best available treatment for our patients. Please let us know if you have any questions or concerns.

I HAVE READ AND UNDERSTAND THE OFFICE GUIDELINES AND PAYMENT POLICY.

Signature _____ Date _____
02/23/11 mh