



PALACIOS FAMILY MEDICINE

To all Our Patients

Thank you for choosing Palacios Family Medicine as your health care provider. We are committed to providing quality service to all our patients. We have developed this policy to provide fair service to all our patients. We appreciate your assistance and understanding of our policy.

Patient Responsibility

As a service to you we are contracted with the most insurance companies and bill those carriers directly. There are many carriers and many plans within that carrier that make it improbable for our staff to obtain specific benefits on your healthcare needs. As a courtesy to you, our staff will obtain a general description of benefits in accordance with your policy. It is the ultimate responsibility of the patient and/or policy holder to understand and know their insurance policy and the benefits associated therein. When in doubt, a patient may call their insurance company prior to arriving to the visit. Should your insurance company delay payment, our staff may ask you to participate in expediting payment.

Copays and Deductible

All copays, deductibles and coinsurance amounts due by patient must be paid at time of services are rendered, unless a prior payment arrangement has been made. Charges not covered by your insurance company and deemed patient responsibility, will be due within 30 days of 1st billing statement. Patients with an outstanding balance will be required to make a payment arrangement if payment in full is not possible. Patients not using any insurance will be required to pay for services in full at time of service unless prior payment arrangements have been established.

Proof of Insurance

All patients must provide proof of insurance, if applicable and a valid ID.

Established Patients: Annually, patients will be required to update patient demographics and all other patient related forms. Your current insurance card and photo ID will be scanned into your electronic patient file.

New Patients: You will be asked to arrive 15 minutes prior to appointment time to fill out appropriate patient forms. Your current insurance card and photo ID will be required. If you are unable to provide proof of insurance, you may be asked to pay in full for services rendered at time of visit.

Appointments

You have a special time reserved for you. If you are unable to make your appointment, prior notice is required so your appointment may be made available to another patient.

Appointments that have not been confirmed by patient may be canceled for non-confirmation and would be rescheduled with their Provider for next available time slot.

Forms

Patient forms needing to be filled out by medical provider will require a \$15 fee due up front.

Medical records requested by patients are \$25 for the 1st 20 pages then \$0.50 each additional page.

Minors

Patients 17 years and younger must be accompanied by an adult. A minor consent form will be required on all minor patients. Adults listed on the form will be the only persons allowed to bring minor to appointment and consent to medical treatment should Parent/Guardian not be available. (Exceptions to this include but not limited to if patient is pregnant, a parent, married, in the Armed Services, or has a legal separation decree from parent.) The adult accompanying the minor is responsible for payment of services rendered.

I acknowledge and understand this policy and will abide by its standards set forth.

Patient Name: _____

Signature of Responsible Party: _____

Relation: _____ ***Date:*** _____