2019

PRIMARY CARE PHYSICIANS of Gainesville

Patient Financial Responsibility

All patients or guardians are responsibly for 100% of the charges incurred for treatment at Primary Care Physicians of Gainesville.

- The patient or guardian who signs the financial policy statement is the responsible party.
- Established patients who have health insurance benefits that have been verified will be expected to pay that portion of the charges not covered under their policy as well as any applicable co-payments under the terms of their policy.
- Patients who have health insurance benefits that have been verified will be responsible for all charges, paid in full on the day of the service, until their policy out of pocket has been met.
- Primary Care Physicians of Gainesville is not responsible for incorrect information given by your insurance company.
- Patient who have health insurance benefits that have not been verifies will be responsible for any portion of the charge that are not covered, as well as any applicable co-payments under the terms of their policy.
- Having an active health insurance policy in no way negates a patient's responsibility for payment of their medical charges, if these charges are denied or not covered by the patient's insurance carrier.
- Patients may pay their bills by cash, check or credit card.
- Patients who fail to pay their outstanding balance within 90 days of the service being provided may be turned over to a collection agency. The patient will still be responsible for the charges as well as all collection agency costs and fees, including reasonable attorney fees.

We have developed these financial policies in an effort to keep you medical costs down. Printing and mailing statements is an extremely time consuming and expensive undertaking. We ask that you adhere to these policies as part of your financial responsibility. Our staff will assist you in any way that we can. If you have questions regarding our fees or your insurance coverage and filing of your insurance claims please ask to speak with one of the members of our billing and insurance department.

I agree to be financially responsible for any and all related charges, if they are not covered by my insurance policy.

Today's Date: _____

Patient signature: _____

Patient's name printed: _____