ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

_____ I have reviewed a copy of the Notice of Privacy Practices for Lillington Family Medical Center.

ACCEPTANCE OF FINANCIAL RESPONSIBILTY

_____ I acknowledge full financial responsibility for services rendered by Lillington Family Medical Center, regardless of insurance coverage and whether or not there was an accident with another party at fault. Our office does not bill to third party insurance.

INSURANCE PAYMENTS

_____ Lillington Family Medical Center will file your insurance. It is YOUR responsibility to provide to us an updated copy of your insurance card and/or notify our office immediately of any changes in coverage. I authorize my health insurance company to utilize medical information as necessary for the proper administration of the health pan. I hereby assign Lillington Family Medical Center any payments of medical benefits for services rendered to myself or dependents. Co-payments: Lillington Family Medical Center is required by your insurance to collect your co-payment prior to services rendered. If you are unable to pay your co-pay, please call ahead to make arrangements, otherwise your appointment may be rescheduled. I have read and understand that I am responsible for paying the annual deductible, co-payment, coinsurance and any charges for non-covered services as determined by my insurance.

NO SHOW POLICY

_____ It is the responsibility of the patient to keep their contact information updated. Reminder calls are made 2 days prior to the patient's appointment. A $25.00 no show fee will be charged for each missed appointment and must be paid prior to the following visit. Repeated no showed appointments may result in termination from our practice.

SELF PAY PATIENTS

_____ Patients who have no health insurance will be expected to pay for services at the time they are rendered. You may call ahead to make payment arrangements.

OUTSTANDING BALANCES

_____ Outstanding accounts are forwarded to First Point Collection Agency. Any patients having being sent to collections will not be able to make an appointment until the balance is made in full. Any third party costs associated with collecting past due accounts may be applied to the patient's account.
A payment plan can be put in to place through our office to avoid collections. Please ask to speak to our billing staff. An account is eligible for collections if no payment is made in a consecutive 90 day period or If statement has been returned to our office and we cannot reach the patient for a correct address.

AUTHORIZATION TO RELEASE INFORMATION

I authorize the release of medical information as necessary to process insurance claims, carry out treatment, payment, or health care operations. I authorize transmission of medical information by fax. My signature also indicates I have read and understand the information presented above regarding the Notice of Privacy Practices, Acceptance of Financial Liability and Insurance Payments, and Lillington Family Medical Center's policy on No Shows, Self-Pay Patients, and Outstanding Balances.

Name: _____ Date of Birth: _____

Signature: _____ Date: _____