

FARINNA WILLIS, M.D., P.C.

Financial Policy

We are committed to providing you with the best possible medical care; if you have special needs, we are here to work with you. The following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services.

- Our office participates with a variety of insurance plans. It is your responsibility to:
 - Bring your insurance card at every visit
 - Be prepared to pay your copay or deductible at each visit. Payment can be made by cash or check or credit card or debit card. If you can not make a payment at the time of service you will be charged an \$8.00 statement processing fee.
 - For payments of said accounts for services, by signing this document you hereby waive all claims of exemption under the secretary of the State of Alabama and agree to pay, if necessary, all costs of collection, including attorney's fees.
 - For medical care not covered under your insurance, ***payment in full is due at the time of service.***

- If you have insurance that we do not participate in, our office is happy to file the claim upon request; ***however, payment in full is expected at time of service.***

- If you are unable to pay for necessary medical care, you may be eligible for financial assistance. It is your responsibility to inform us prior to the visit.

- Referrals: It is your responsibility to bring any required referrals for treatment, ***at, or prior to the visit.*** If you do not have the referral, your visit may be rescheduled, or you may be financially responsible.

- If the patient is a minor (18 years and younger), the parent or guardian must sign below. The parent or guardian or unaccompanied minor is responsible for any payment due at time of service, bringing the necessary referrals and insurance card.

- If you have questions about your insurance, we are happy to help you. Specific coverage issues, however, should be directed to your insurance company member services department (the number is usually on the back of the insurance card).

Our practice firmly believes that a good physician/patient relationship is based upon understanding and good communications. Questions about financial arrangements should be directed to the physician's office. ***Please sign that you have read and agree to the financial policy.***

Signature of Patient or Responsible Party

Date

Signature of Co-Responsible Party

Date