

ABINGTON MEDICAL SPECIALISTS, P.C.

PATIENT: _____

Date: _____

Thank you for choosing Abington Medical Specialists (AMS) as your provider. We are committed to providing you with the best available care. We ask that all responsible parties read and sign our financial policy. If you have any questions please feel free to ask our staff to discuss any fees or this policy with you. As the responsible party, please understand:

1. AMS will bill your insurance company on your behalf; however, you are ultimately responsible for the bill. Please communicate any problems to us so that we may assist you.
2. You are financially responsible for any balance not covered by your insurance carrier.
3. Co-payments, co-insurances and deductibles are due at the time of your visit. We cannot waive your insurance plan's requirements as we would be in violation of our contract.
4. You are required to pay your portion of any surgery/procedure prior to the procedure date. AMS will provide you with an estimate of your financial responsibility when possible and a date which payment is due. We will work with you to set up a feasible payment plan.
5. Please inform the receptionist of any changes in your address, phone number, insurance coverage.
6. You are responsible for providing a referral from your primary care physician should the insurance require one. If your insurance company denies payment due to non referral, you, the patient, agree to pay AMS in full for any charges incurred during the visit.
7. If you fail to make any payment which you are responsible for, your account may be turned over to a collection agency. You will be responsible for payment of reasonable collection and legal fees.
8. In the event that a check is returned, you are responsible for the amount of the check plus \$25.00 bank charges. Payment will then need to be made by cash, money order, or credit card.
9. The completion of disability and/or FMLA forms are not billable/reimbursable by insurance companies, therefore charges are your responsibility. AMS fees related to completion of these forms are \$15.00 per form.
10. Confirmation phone calls are made to patients 48-72 hours prior to your appointment as a courtesy reminder of your scheduled appointment. This reminder give you time to cancel and/or reschedule if you cannot keep the appointment. Cancellation must be done 24 hours in advance so that we may accommodate other patients. **There will be a \$50.00 charge to New Patients who do not show for the appointment or who do not give at least 24 hours notice. Established patients may be charged \$25.00 for not showing for appointments.**

Abington Medical Specialists is authorized to release to my insurance company(s) any necessary information needed to file and expedite payment of my claims. Assignment of any benefits should be payable on my behalf to Abington Medical Specialists.

Print Name _____ D.O. B _____

Signature or legal representative

Date