

Advanced Centers for Internal Medicine

Financial Policy

As your physician, we are committed to giving you the best possible medical care. To achieve this goal, we need your assistance and understanding of our payment policy. We ask that all services be paid at the time of service. If you have insurance, please present your insurance card for verification. If your insurance changes, please notify us immediately.

We will be glad to discuss your proposed treatment and the cost of those services with you. If you have questions regarding your insurance coverage and a particular medical service, we will be glad to try to research it with your insurance company. However, please be aware that your insurance is a contract between you and your employer (if applicable), and the insurance company. We are not a party to that contract. Unfortunately, not all services are a covered benefit in all contracts. We must emphasize that as your physician, our relationship and concern is with you and your health, not with your insurance company.

ALL CHARGES FOR SERVICES ARE YOUR RESPONSIBILITY AT THE TIME OF SERVICE.

On any balance on your account after 90 days, collection action may be taken. We realize that emergencies do arise and may affect timely payment of your account. If such extreme cases do occur, please contact our office promptly for assistance in the management of your account.

I HAVE READ, UNDERSTAND, AND AGREE TO THE FINANCIAL POLICY FOR ADVANCED CENTERS FOR INTERNAL MEDICINE.

Patient Signature

Date

Witness Signature

Date