



Silver Sage
CENTER FOR FAMILY MEDICINE

Patient Name: _____

**Silver Sage Center for Family Medicine
Financial Policy:**

This document explains the financial policies of our practice so that you, as a patient receiving health care services from Silver Sage Center for Family Medicine, understand your financial responsibilities and obligations to our practice.

1. As a courtesy, Silver Sage Center for Family Medicine will file all claims to your insurance carriers for services rendered. In order to extend this courtesy, we require a picture ID and a copy of your current insurance card. It is your responsibility to provide any changes or updates to us. If the wrong insurance company is billed, you may be responsible for payment.
2. Copays are due at time of service.
3. If your insurance company has not paid on your claim within 90 days of date of service, you may be billed and responsible for payment.
4. If Silver Sage is not contracted with your primary insurance carrier, payment in full is required at time of service. If our practice is not contracted with your secondary insurance carrier, you will be billed for the balance not paid by your secondary insurance.
5. Copays, coinsurance, and any non-covered services are the responsibility of the patient (or parent if patient is a minor). Timely payments are expected. If there are extenuating circumstances, then a payment plan should be arranged by calling or billing department.
6. If you NO SHOW your office visit appointment you will be charged a fee of \$50.00.
7. If Silver Sage must take adverse action (collections) against your account, you will be responsible for a \$50.00 administrative fine, and a monthly assessment of 3% on your remaining balance. A \$25.00 fee will be charged on all returned checks, regardless of the amount.
8. If there is an outstanding balance on your account greater than 90 days, further treatments, and office visits (including prescriptions) will be suspended unless other payment arrangements are made prior to the next service date (establishing a payment plan is an example). If an outstanding balance is present greater than 120 days and no payment has been received, then transfer of care to another practice may be initiated.

Your signature below signifies that you understand our financial policy and your responsibility regarding charges incurred at Silver Sage Center for Family Medicine.

Patient Signature: _____ Date: _____
Guardian Signature: _____ Date: _____