

Midnight Sun Family Medicine, P.C.
S. Gayle Hornberger, D.O. ~ Carrie Conley, P.A.C
475 Riverstone Way, # 5
Fairbanks, AK 99709

FINANCIAL AND PAYMENT POLICIES

A clear understanding of **YOUR FINANCIAL RESPONSIBILITY** for the medical care and services provided to you is essential. **PLEASE READ THIS FORM CAREFULLY AND HAVE ANY QUESTIONS ANSWERED PRIOR TO SIGNING.**

INSURANCE COVERAGE IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY. PAYMENT IS NOT GUARANTEED AND IS BASED ON YOUR INSURANCE CONTRACT. PLEASE REVIEW YOUR INSURANCE POLICY OR CONTACT YOUR INSURANCE COMPANY FOR QUESTIONS REGARDING COVERAGE.

REGARDLESS OF INSURANCE COVERAGE, YOU ARE FINANCIALLY RESPONSIBLE FOR PAYMENT ON YOUR ACCOUNT, MSFM bills insurance as a courtesy only.

PAYMENT

- We accept CASH, VISA and MASTERCARD
Established patients may pay by personal cheque
- All Deductible, Co-Pay or Co-Insurance amounts are due at each visit. **NO EXCEPTIONS**
- *If you DO NOT know your deductible, co-pay or co-insurance amount, a 20% co-pay will be collected each visit.*
- MSFM is a Preferred Provider for: BlueCross/BlueShield, Federal Blue Cross, Beech Street.
- **ALL PATIENTS MUST PROVIDE A CURRENT, VALID INSURANCE CARD OR STICKER AT EACH APPOINTMENT. Appointments will be rescheduled to allow for procurement of current sticker/ID.**

REFUNDS: Refunds are subject to final insurance payment, and verification.

NO SHOW/CANCELLATION: Subject to \$40 fee if less than 24 hour notice or no notice given.

NO SHOW OR LESS THAN 24 HOUR LASER / TRUSCULPT CANCELLATIONS WILL BE CHARGED THE EQUIVALENT OF 1/2 THE COST OF THE SCHEDULED APPOINTMENT.

NON SUFFICIENT CHECK: \$35.00 fee per check. NO EXCEPTIONS

MSFM IS NOT A FINANCIAL LENDING INSTITUTION

DELINQUENT ACCOUNTS: A \$35.00 late fee will be applied to all patient balances and co-pays greater than 30 days overdue. **Past due accounts are referred to COLLECTIONS. MSFM is not liable for any consequences arising from a collections agency's effort to secure payment.**

HIPAA COMPLIANCE

MSFM complies with current Federal guidelines for HIPAA. Copies of our HIPAA policy are available for your review and are located in the waiting and exam areas. "I understand that my signature on this form indicates that I have had an opportunity to review the MSFM HIPAA policy and may be given a copy of the same, upon request."

I have read the above and have had all questions answered to my satisfaction.

THIS AUTHORIZATION SHALL EXPIRE ONE YEAR FROM DATE BELOW

Print Name

Signature

Date

MSMF Witness/Date

In extenuating circumstances MSFM will work with you to establish a payment plan to help you manage the cost of your medical care. You will be required to sign an agreement and commit to a recurring monthly payment.