



OUR FINANCIAL POLICY

Thank you for choosing Integrative Family Practice as your health care provider. We are committed to your successful treatment. Please understand that full payment of your bill is very important for our financial survival and to avoid the “assembly line” visits so common in health care today. We ask for the payment at the time of service. Like any sensible business, we accept cash, personal check, Visa, MasterCard.

Regarding Insurance

Our practice does not accept insurance, Medicare or Medicaid. We will provide you with a detailed invoice which contains all of the pertinent information necessary for you to submit a claim to your insurance company. The rate of reimbursement will depend on your insurance plan, your annual deductible and level of co-insurance for out-of-network providers. Based on this, we cannot guarantee insurance coverage, nor does the office bill insurance directly. We highly recommend that you contact your insurance company to determine whether they cover integrative medical services as part of your plan or as a special benefit for your condition, and what level of coverage is allowed for out-of-network services. Since IFP does not participate with any insurance plans, its services might be covered only as an out-of-network benefit.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients while charging “usual and customary” fees for our area. We do conduct surveys of area rates and find we are ‘mid-range’. You are responsible for payment regardless of any insurance company’s arbitrary determination of usual and customary rates.

Minor Patients

The adult, parent or guardian accompanying a minor will be responsible for full payment on the minor’s account. For unaccompanied minors, non-emergency treatment can be only performed when charges have been pre-authorized to an approved credit card, or payment by cash or check at time of service has been verified.

Fees

- 1. We appreciate the value of your time, and except for emergency situations, you can expect us to be on time for you. We will appreciate the same courtesy. If you do not come in for your appointment, it deprives another patient of that time slot. Therefore, there will be a \$65 charge if you cannot keep your appointment, and have not informed us at least 24 hours prior to the scheduled time**
- 2. Return check fee: \$25;**
- 3. Patient whose accounts are in arrears will be asked to bring these accounts current prior to receiving additional services.**

Thank you for taking time to review our Financial Policy. Our entire staff is familiar with our policy and anyone you speak with will make every effort to clarify any question you may have concerning your account.

I have read the Financial Policy. I understand and agree to this Financial Policy

Signature _____ Date ____/____/____