



## FINANCIAL POLICY OF GRAHAM MEDICAL ASSOCIATES

Thank you for choosing Graham Medical Associates as your primary care physicians office.

We are committed to providing you with the best possible medical care, and we are available to discuss our professional fees with you at anytime. Your clear understanding of our financial policy is important to our relationship. Your assistance in complying with our payment policies will help control our overhead expenses. Thereby keeping medical fees at a reasonable cost.

If you can't keep an appointment, please give us at least one day's notice. That way we can schedule another patient to see the doctor and you will avoid a \$35.00 charge for a missed appointment.

Full payment or copayment is due at the time of service. We accept cash, check, Visa, MasterCard or Discover.

There will be a \$25.00 service charge for any returned check.

If you have commercial insurance, a copy of encounter form should be submitted to your insurance company along with a completed claim form which can be obtained through your employer. Your reimbursement is determined by your insurance company to the extent of your coverage. You need to be aware of covered benefits.

Our office will only file for managed care plans (HMO/PPO) with which we are contracted. If we accept your insurance, you must pay any copayments at the time of service. Any amount indicated as patient responsibility by your insurance company is due within 30 days.

As all insurance plans have specific rules and regulations regarding the use of certain labs and treatment centers, as well as referrals to specialists, we ask that you be aware of your plans directives and inform the doctors of them so that they can try as much as possible to keep within the scope of your plan, especially if the need arises at night or over the weekend.

Please notify our office immediately when you change medical insurance, home address or telephone numbers.

Bring your current insurance card every time you visit our office. It contains valuable information regarding coverage and benefits. If your insurance card has not been issued to you by the time of your visit you will be treated as a self-pay patient. Payment will be expected at the time of the visit and the claim will be submitted for you when you receive your card.

I have read and I agree to the terms of this financial policy.

\_\_\_\_\_ Date \_\_\_\_\_  
(Signature of patient or legal guardian)

Thank you for understanding our financial policy.  
Please let us know if you have any questions or concerns.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-123-456-7890 (TTY: 1-123-456-7891).  
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-123-456-7890 (TTY: 1-123-456-7891).  
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-123-456-7890 (TTY: 1-123-456-7891)。