

**Masters Family Medical, PLLC**

**224 West Central Ave  
Jamestown, TN 38556  
(931) 879-8139**

**117 West Commercial Avenue  
Monterey, TN 38574  
(931) 310-2900**

**Financial Policy**

Welcome to Masters Family Medical. The following is a statement of our financial policy. All patients must complete our patient information packet before seeing the provider. You must provide proof of insurance if you fail to provide us with correct insurance information you may be responsible for the balance of your claim.

Unless previous arrangements have been made, all payments are due at the time of the appointment. Payment may be made by CASH, CHECK, CREDIT or DEBIT CARD. Any credit card charges will have a 3.5% interest added to total. We only bill insurance carriers with whom we participate (have a signed agreement with). For those who have not met their deductible, an \$85.00 charge will be collected at time of service and any remaining deductible will be billed at a later date.

**Regarding Managed Care Insurance with which we participate:**

You are responsible to provide our staff with your primary and secondary insurance identification card (s) at the time of your appointment. If your insurance requires a copay it must be paid at the time of your appointment.

**Regarding Non-participating Insurances:**

If we do not participate with your insurance, the bill will be your responsibility and is due at the time of service/appointment. We accept CASH, CHECK, CREDIT and DEBIT CARDS. Your insurance policy is a contract between you and your insurance company. Our office is not a party to your contract. It is your responsibility to know what your insurance will or will not cover.

**Return Check Fee- \$30.00**

Our bank charges us a fee for any check that is returned for "insufficient funds" and this will be added to the patient's bill if this occurs.

**Missed appointments:** If you are unable to keep an scheduled appointment, 24 hours notice of cancellation is required. Failure to do so may result in a \$25.00 charge.

**Outstanding Balance:** Any outstanding balance for which the patient is responsible is due within 30 days of billing. Any account that has gone greater than 60 days without payment will be subject to immediate collection process. Accounts that go into collections will be subject to a 25% charge.

**Discharge:** There are certain situations in which we will be forced to discharge you from our practice. These include but not limited to failure to pay after reasonable attempts to collect balance due, refusal to follow your doctor's advice, and excessive cancellations/no shows. These situations are rare but we must make you aware of them. If this were to occur, you will be notified by certified mail that you have 30 days to find alternative medical care.

Thank you for your cooperation in understanding our financial policy. If you have any questions or concerns, please feel free to ask. If you cannot pay in full at the time of service, please let us know before you see the doctor. We are happy to work out a payment plan.

I have read the above financial policy for Masters Family Medical, PLLC and agree to it's terms.

\_\_\_\_\_

( print name)

\_\_\_\_\_

(date)

\_\_\_\_\_

Patient signature

\_\_\_\_\_

Guardian Signature if applicable