

Financial Policy

South Oaks Family Medicine

Thank you for choosing SOFM as your primary care provider. We are committed to providing you with quality health care. The following information is provided to you in an effort to ensure that you understand payment policies and patient responsibilities for services rendered.

Insurance

- *Filing insurance claims is a courtesy and we will gladly do this for our patients. **It is the patient's responsibility to provide his/her current insurance card (hard copy) at each office visit**, otherwise payment in full for each visit is required.
- *It is patient responsibility to know the benefits, clauses, and exclusions of their medical insurance policy. Not all immunization, procedure, or annual well visits/physicals are covered. Please contact your insurance company with any question you may have concerning coverage and deductibles.
- *If you are insured with a medical plan with whom we are not contracted, the patient is required to pay in full at the time of service.
- *If you do not have medical insurance, the patient is required to pay in full at the time of service.
- *There is a claims refilling fee of \$20.00 for insurance updates not presented on the date of service.
- *Extended family members bringing children in must pay copays/deductibles/balances just as if the parent brought them in. In cases of divorced parents, the parent bringing the child to the visit will be deemed responsible for payment. Our office does not become involved in custody disputes over which parent is the responsible billing party.

Payment Policy

Copays and co-insurance are due at the check in time of your appointment and are not billable. We will collect \$50.00, or the insurance allowable toward all deductible type plans. We will also collect any previous balances due on your account. For your convenience we accept Cash, Check, Visa, MasterCard, and Discover credit cards for payment. We do not accept temporary checks. You may remit payment for balances due on your account at our patient portal payment site: <https://pay.instamed.com/southoaks.fm>

Missed or No-Show Appointments

As a courtesy to our patients, we make every effort to call and/or e-mail you in order to remind you of your upcoming appointment. There will be a fee of \$25.00 for missed/no-show appointments and \$50.00 for a missed Annual Wellness Visit appointment not cancelled within 24 hours prior to your appointment. To avoid these charges **please call us** to cancel your scheduled appointment as soon as possible. You may also visit our web site at <http://www.southoaksfamilymedicine.com/contact-us.html> and send us a note under the Appointment Request tab. This will allow us time to schedule the appointment with other patients who need to be seen.

Returned Check or Declined Credit Card

There is a returned/declined fee of \$35.00 should your payment not clear your bank.

Other Charges/Fees

- *A fee of \$5.00 will be assessed for any prescriptions (including controlled substance) written without an appointment.
- *There is a Medical Records Request fee of \$25.00 and a \$5.00 fee for a copy of your immunization record.
- *A fee will be assessed for any paperwork or forms needing completion with or without an appointment. Depending on the complexity of the form, it may take up to 10 days to be completed.

I have read the above information. I understand and agree to the South Oaks Family Medicine financial policies stated above and accept responsibility as described:

Patient /Responsible Party Signature (PLEASE PRINT patient name, then sign)

Date