Village Internal Medicine

Financial Policy and Assignment of Benefits

Patient's Name:		
relationship and for patients who have no non-paid claim by your insurance carrier is your account Village Internal Medicine wil	•	surance company as a courtesy. A delayed or edicine. If there are any past due balances on n full or payment arrangements be made
The insurance carrier may bill deductibles, reserves the right to bill patient if the insu	copay and co-insurance amounts to the pat rance company has not paid for the service	isurance plan with whom we are contracted. Eient after payment. Village Internal Medicine within 60 days of the service. Any service that a payable in full within 30 days after receipt of
	\$25.00 Return Check Fee to your account for tho issue two (2) NSF checks must make all p	every check returned to Village Internal bayments by cash, money order or credit cards.
<u>Disability Forms:</u> Village Internal Medicincompletion.	ne charges \$15.00 per Disability Form, which	n is due at the time the form is turned in for
	laims: Village Internal Medicine is not a thir responsible for all charges related to medica are due at time of service.	•
	age Internal Medicine that any patient who i of 18 the parent or legal guardian will be fina	is 18 years or older will be responsible for all incially responsible for all charges incurred.
notification was not received in our office	nternal Medicine will charge a no show fee o within 24 hours of the appointment. If you a V and reserves the right to charge a No Show	are late for your appointment, Village Internal
Village Internal Medicine reserves the	e right to waive the above requirements	s on a case-by-case basis.
terms. I also understand and agree that	at such terms may be amended from times to be medically necessary or non-cover	this practice and I agree to be bound by its e-to —time by this practice. I agree to be ered by insurance, this includes all
Signature of Patient	Date	