



INFINITY MEDICAL GROUP, PLLC
 Associates in Family Practice, PC
 Family Practice Physicians, PC
 Metro Medical Practice, PC
 Midwest Family Medicine, PC

FINANCIAL POLICY

Thank you for choosing our providers for your health care needs. If you have medical insurance we want to assist you in receiving your maximum allowed benefits. In order to achieve this goal, we need your assistance and understanding of our payment policy.

1. Payment is due at the time of service. This includes all co-pays and deductibles required by your insurance plan. Co-pays that are not paid at the time of treatment will incur an additional \$5.00 administrative fee.
2. While the filing of insurance claims is a service that we provide to our patients, *all charges are your responsibility from the date of service*. Any portion of the bill that is not paid by your insurance, for whatever reason, is your responsibility and arrangements for prompt payment are required.
3. Patient account balances must be paid within 30 days. A rebilling charge of \$3.00 is added each month to unpaid balances over 30 days old.
4. Accounts without payment for greater than 90 days may be sent to a collection agency. Any costs associated with the agency will be your responsibility in addition to the original delinquent balance.
5. Returned check fee is \$25.00.
6. Appointments that cannot be kept must be cancelled 24 hours prior to the appointment. Those that are not cancelled within the requested time, or are missed altogether, may be charged at the rate of an office visit.

We realize that temporary financial problems may *occasionally* affect timely payment of your account. If such problems arise, please let us know immediately and we will be happy to assist you in arranging a suitable payment plan.

I, (print name) _____, have read the Financial Policy of Infinity Medical Group, PLLC and member groups listed above. I understand and agree to all terms of the policy as stated.

X _____ Date _____
 Signature of Patient or Responsible Party

Patient's Name if other than above _____
 Please Print