

FAMILY MEDICAL GROUP, P.A.
ACCEPTANCE OF FINANCIAL RESPONSIBILITY

Patient Name: _____ DOB: _____
(Please Print)

I, the undersigned, understand that I am financially responsible for any charges I might incur while under the care of Family Medical Group, P.A. (FMG), regardless of any contracts I may have with insurance companies, attorneys, Medicare or Medicaid.

I understand that the actual amount of charges incurred may be greater or less than any estimate for such charges. Since each patient is unique, FMG will share whatever information it is able to obtain about the insurance reimbursement, and as a service to our patients, will whenever possible, assist with the filing of insurance claims and pre-authorization forms. However, I understand that FMG cannot estimate with certainty, expected insurance payments for many reasons including the following:

- FMG does not have access to the actual insurance contracts.
- Each patient's own insurance circumstances with regard to deductibles, co-pays, usual and customary reductions, previous treatments, etc., are different. There are many different plans (even with a single insurance company).
- FMG has no inside information as to insurance company coverage policies.
- Coverage policies can change from time to time without notice.
- New coverage policies are sometimes applied retroactively.
- Co-pays, deductible and any outstanding balances are due and expected to be paid at the time of service.
- Fees for ancillary services are to be paid at the time the service is rendered.
- Outstanding balances over 90 days will incur a \$10.00 late fee charge per month.
- Outstanding balances over 120 days will be referred to a collection agency of FMG's choice.

My signature acknowledges and confirms that I understand the information presented on this document. Furthermore, I agree to assume full responsibility for any charges incurred as a result of services rendered by FMG that are not paid by my insurance company.

Signature: _____ Date: _____
Patient or Responsible Party