

## **GULF COAST PHYSICIAN PARTNERS**

### OFFICE / FINANCIAL POLICIES

We would like to thank you for choosing Gulf Coast Physician Partners for your health care needs. As one of our patients, we would like to keep you informed of our current office and financial policies. Please read this carefully. If you have any questions, please do not hesitate to ask a member of our staff.

- On arrival, please check in at the front desk. Please have your current Insurance card with you at every visit. This is so we can verify your insurance, if needed. **IF THE INSURANCE COMPANY THAT YOU DESIGNATE IS INCORRECT, YOU WILL BE FINANCIALLY RESPONSIBLE FOR THE VISIT.**
- We ask that you arrive on time for your scheduled appointment. **If you arrive late, it is possible that you may be asked to reschedule your appointment.**
- We do ask that you give 24-hour notice of any cancellations, so that we may offer this spot to another patient. **THERE IS A \$25 FEE FOR ANY NO SHOW APPOINTMENT.**
- **ALL CO-PAYS ARE DUE AT THE TIME OF SERVICE AND ARE TO BE PAID AT CHECK- IN. IF YOU DO NOT HAVE INSURANCE, PAYMENT FOR YOUR VISIT IS TO BE PAID AT CHECK -IN.**
- If we are your primary care physician and your insurance requires it, please make sure that our name appears on your card. If your insurance company has not been informed that we are your primary, you may be financially responsible for your visit.
- According to your insurance plan, you are responsible for any and all co-payments, deductibles and co-insurance.
- We do submit to secondary and tertiary insurance plans.
- Patient balances are billed upon receipt of your insurance plan's explanation of benefits (EOB). Your payment is due within 30 business days of your receipt of your statement. To schedule appointments, prior balances need to be paid.

- If Necessary, payment arrangements can be made with our billing office. We ask that you make these arrangements in advance of your visit.
- Any balance over 90 days will require you to sign a payment plan. Failure to follow the payment plan without notification to us may result in “payment in full” before you can schedule another appointment.
- If special circumstances make immediate payment impossible, payment arrangements can be made, but they must be approved in advance by our billing office staff.
- Checks returned for insufficient funds will be charged a fee up to \$30 per check. This may result in you not being able to write another check with us in the future
- For medical records, we charge \$1 per page for the first 25 pages and .25cents for each page thereafter, plus the postage if mailed. If your records are to be sent to another medical provider, however, we will send them at no charge as a professional courtesy.
- There could be a \$25 charge to the patient for all forms that are completed without an appointment. This is at the Dr’s discretion or if they are to be filled out for legal or other insurance purposes. Please allow us a 3-5 business day turnaround time for this.
- Advance notice is needed for all nonemergency referrals. TYPICALLY, 7-10 BUSINESS DAYS MUST BE ALLOWED FOR THIS. Remember, your Primary Care Physician (PCP) **and** your insurance company MUST approve referrals before they are done.
- Not all services provided by our office are covered by every plan. ANY SERVICE DETERMINED TO BE NON-COVERED BY YOUR PLAN WILL BE YOUR RESPONSIBILITY.
- If you have any questions, please contact the billing office between the hours of 8 am and 4 pm Monday through Friday at 850-623-9787. Please ask for the billing department.

I have read and understand the Office/Financial Policy. I agree to comply and accept the responsibility for any payment that becomes due as outlined in said policy.

PATIENT NAME (PLEASE PRINT)

---

NAME OF RESPONSIBLE PARTY (IF DIFFERENT FROM ABOVE)

---

PATIENT SIGNATURE

---

RELATIONSHIP TO PATIENT

---

DATE \_\_\_\_\_

REVISED 2/15/19