Capital Primary Care
Financial Policy and Patient Responsibilities

Thank you for choosing Capital Primary Care as your Medical provider. The following is a statement of our Financial Policy which we require you to read and sign prior to receiving any services.

Photo ID, Insurance Cards: We require a current copy of the patient's insurance card at each visit. We will scan your card(s) and a valid photo ID for our files. If you do not have proof of insurance at the time of your visit but wish to be seen by our providers, you may pay out of pocket for any expenses incurred. Our practice participates with most health insurance plans. Coverage may vary depending on the type of plan you have.

Co-Payment/Co-Insurance /Deductibles: All co-payments, co-insurance, deductibles and past due balances are due at the time of check-in. We accept cash, check or credit cards. Post-dated checks unfortunately cannot be accepted. Due to our contractual obligations with your insurance company, we are generally not permitted to write off or waive any fees from our office.

Insurance Claims: Your insurance benefits are a contract between you and your insurance company. In most cases, we are not a party of this specific contract, but we will be happy to bill your primary insurance company as a courtesy to you. In order to properly bill your insurance company, we require that you disclose all insurance information including primary, secondary and tertiary insurances, as well as any recent changes in insurance information. Although we will always provide a good faith estimate of the amount that your insurance company may pay, it is actually the insurance company that makes the final determination of your eligibility and benefits

Referrals/ Pre-Authorizations: If your insurance company requires a referral and/ or preauthorization, please inquire about how to obtain this approval from our billing department, and we will be happy to guide you. Lack of this authorization may resultin a denial of payment from the insurance company, and the balance would become your personal responsibility.

Self- Pay Accounts: Self-pay accounts are patients without insurance coverage, patients covered by insurance plans in which our office does not participate or patients without an insurance card on file with us. Payment in full is due at the time services are rendered. Please note that to fully evaluate your condition, further testing (such as hearing tests or blood test) may be required during your appointment, and this will increase the cost of the overall evaluation.

Missed/Cancelled Appointments: Please notify our office within 24-48 hours if you are unable to keep your scheduledappointment. NO SHOW fee may be applied!!

Returned Checks: The charge for a returned check by your bank is $25.00. This is payable by cash or money order and will be applied to your account in addition to any previously accrued expenses.

Lab tests : Billing for lab draw and to process tests will be done by third party. Please note that any bills received from the lab company are your responsibility.

I have read, understand and agree to the above financial policies. I understand I am responsible for prompt payment of any portion of the charges including co-pays, deductible and co-insurance amounts. I understand that payments of such amounts are expected at the time of visit.

Print Name: _____

Signature:_____ Date _____