

**Acknowledgment of Review of Notice of Privacy Practices
(HIPAA)**

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Signature of Patient or Personal Representative

Date

Printed Name of Patient or Representative

Description of Personal Representative's Authority

I authorize the following people to have access to my medical records:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Stone Oak Family Practice Financial Policy

Thank you for choosing Stone Oak Family Practice as your health care provider. We are committed to providing the highest quality medical care and personal service to our patients. We ask that you read and sign our Financial Policy prior to your initial visit. If you have questions regarding our payment policies, please do not hesitate to contact our billing department.

Statements: Statements are sent out once a month. Payment is expected upon receipt of statement. Accounts unpaid after the third statement is sent out will be subject to being turned over to an outside collection company. Please advise the front office staff of any change in your address, as statements returned due to invalid address may also be turned over to our collection agency.

Returned Checks: Checks returned will be subject to a \$35.00 fee. We will contact you immediately to resolve the matter, but if no explanation or payment is received within 10 days, the matter will be turned over to the District Attorney's Office.

Payment: All co-pays, deductibles and co-insurance will be collected in full at each visit. All payments that are not paid on your date of service are subject to a \$10 processing fee, unless payment arrangements are discussed **prior** to seeing the physician. For your convenience, we accept Cash, Checks, MasterCard and Visa. Checks are not accepted for private pay patients. Payment is due in full at time of service.

No-Shows: Due to the preparation involved and the clerical work required before each visit, patients' appointments that are not cancelled/rescheduled before the appointment time will be subject to a No-Show fee of \$25. All routine physical, well woman appointments, and procedural appointments missed will result in a \$35 fee. Please be aware that frequent cancellations and/or rescheduled appointments may result in the assessment of a fee.

Well-Exams: Preventative visits focus on preventing disease, rather than treating it. **If non-preventative issues are addressed at your well exam, then applicable co-pays or deductibles will apply to your visit. Preventative visits are only exempt from co-pays when the focus is strictly preventative and does not address non-preventative complaints, concerns, or treatments.**

We recommend you spend time familiarizing yourself with your insurance benefits. We will do everything possible to see that you receive the full benefits of your policy. As a courtesy and convenience to you, we file claims directly to your insurance company. While it is our intention to assist you, your insurance policy is a contract between you and your insurance company and it is your responsibility that all charges are paid in full. We cannot become involved in disputes between you and your insurer regarding: deductibles, co-payments, covered charges, medical necessity, diagnosis codes or "usual and customary fees". Please be aware that some services, exams, or lab work performed, may be non-covered or considered unnecessary under your insurance plan. If you are not certain, please contact our office for assistance and call your insurance company directly.

If we are unable to verify your benefits before your visit, you will be considered private pay and required to pay all services up front. To prevent billing errors, we ask that you provide us with updated information as changes occur.

I have read and fully understand the terms of this Financial Policy.

Signature: _____

Date: _____