

General Patient Form

Financial Policy Agreement

Signing a new agreement today at any Nao Medical/HFMC location supersedes patient agreements that Nao Medical/HFMC may have on file.

As a courtesy, Nao Medical/HFMC, verifies your benefits with your insurance company. A quote of benefits is not a guarantee of benefits or payment. Your claim will process according to your plan, if your claim processes differently from the benefits we were quoted, the insurance company will side with the plan and will not honor the benefit quote we received.

It is the policy of Nao Medical/HFMC that payment is due at the time of service unless other financial arrangements are made in advance. We require all patients to pay their deductible, copay and/or coinsurance payment at the beginning of each visit. The office manager at your location will explain this information to you prior to your first visit. At the conclusion of your visits with us you may be billed for any outstanding balances. If there is a credit, you will be provided a refund promptly.

If you are covered by health insurance for visiting Nao Medical/HFMC offices, we will be happy to bill your insurance. Please provide your insurance information to the front office staff and we will verify your coverage as a courtesy. Accepting your insurance does not place all financial responsibilities onto this practice, and you will be held accountable for any unpaid balances by your plan.

Although we are contracted with most insurance carriers, our services may not be covered by your particular insurance plan. Being referred to our clinic by another physician does not necessarily guarantee that your insurance will cover our services. Please remember that you are 100 percent responsible for all charges incurred: your physician's referral and our verification of your insurance benefits are not a guarantee of payment.

We highly recommend you also contact your insurance carrier and check into your coverage for visiting Nao Medical/HFMC offices. Do not assume that you will not owe anything if you have more than one insurance policy.

I understand and accept the instructions/information listed above in this document.

Name

Signature

Date

Appointment Cancellation Charge

By signing this form, I understand and acknowledge that if I cancel any of my pre scheduled and confirmed appointments for any reason I will be assessed a \$50 cancellation fee per appointment. Nao Medical/HFMC will be billing me for the cancellation fee and also I am responsible for any information that is incorrect and Nao Medical/HFMC should not be held liable for this information.

Also, if Nao Medical/HFMC is not paid within 60 days from my visit I would be responsible for the cost (includes time, labor, statement fees and charges)

Name	Signature	Date

Patient Authorization Billing and Verifying Patient Information With Practice

By signing this form, I understand that I have reviewed below listed items while checking in and verified that my information with Nao Medical/HFMC to make sure that Nao Medical/HFMC is paid for any and all charges related to my services and also I am responsible for any information that is incorrect and Nao Medical/HFMC should not be held liable for this information,

Also, if Nao Medical/HFMC is not paid within 60 days from my visit I would be responsible for the cost (includes time, labor, statement fees and charges). Please note that if your insurance is not attached, we will assume that you are self-pay and we will expect you to pay the full price.

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| <ul style="list-style-type: none"> 1. Name 2. Mailing Address 3. Phone Number 4. Email Address 5. Insurance Information 6. Co-Pays | <ul style="list-style-type: none"> 7. Pharmacy Information 8. Deductible - if any 9. Outstanding balance - if any 10. Credit Card Information 11. Emergency Contact Information 12. Guardian's Information - if any |
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Name	Signature	Date