

**Jackson Family Practice
7072 Mears Gate Dr. NW
North Canton, OH 44720
(330) 966-1319**

Financial Policy

Self-Pay Patients (commercially uninsured):

For all self-pay patients, we ask for a \$100 down for new patients and \$50 down for established patients (this may or may not cover the entire visit). If visit is paid in full at time of service a 30% discount will be given. All labs or testing done by our office will be billed at a later date with the discount given.

Commercial Insurance Patients:

All **co-payments** are due at time of service. Failure to pay this will result in an administration fee (not billable to insurance). All deductibles are the patient's responsibility and must be paid within 30 days of receipt of statement from JFP. The patient is responsible for presenting a current insurance card and demographic information at all visits.

With proper information, we will prepare and file your insurance claims as a service to you free of charge. **Billing for lab work is done through Quest Lab not JFP.** We do not file claims for Auto Accidents or personal injury claims. We do not bill for these 3rd party claims; any patient seen for personal injury or auto accident will be considered self-pay and subject to our self-pay policy. We will assist you by providing you with an itemized statement that you can attach to your form and submit. **We are not workers compensation providers and CANNOT see you for workers compensation claims.**

Your insurance policy is a contract between you and your insurance company. It is important that you understand its provisions we cannot guarantee payment of your claims, and our office will not accept responsibility of negotiating claims with your insurance companies or other persons. The patient/parent/guardian is responsible for payment of his/her medical care, regardless of status on the claim. If your insurance company pays only a portion of your bill or rejects the claim, any contact or explanation should be made to you, the policy holder. Reduction or rejection of your claim by your insurance company does not relieve your financial obligation incurred with our office. If necessary, we will help process your rejected claims. **The patient will be held responsible for any balance incurred due to giving incorrect or fraudulent information.** Although we try to stay current on insurance policies it is ultimately the **patient's responsibility to know who and what their policy covers.**

A SPECIAL NOTE: In situation of divorce, separation, court orders, etc. the party initiating treatment will be financially responsible for the account including administrative fees or penalties.

Fees * You will be charged for every "no show" appointment and/or "late cancel" appointment (less than 24hrs)
* There is a charge each time a form needs completed ex. Disability, FMLA, Sports physical etc.
* There is a charge for any NSF check
* We reserve the right to charge for transfer of medical records
* An administrative fee will be charged if co-pay is not paid at time of service
* There is a \$35 fee if account goes to collection/attorney as well as you will be responsible for any additional fees incurred through the debt collection.

Patient Credits:

- Credits are held and applied to balance on current family accounts unless refund is requested.
- **Inactive patient accounts are considered dormant after 6 years, any unused credits are refunded to the patient at last known address.**

By signing below, I acknowledge that I have read and understand the Jackson Family Practice, Inc financial policy. I give my permission for Jackson Family Practice to bill my insurance company on my behalf. I agree that ultimately, I am responsible for all incurred costs not covered by my insurance company and it is my responsibility to know the terms of coverage for my insurance plan. I also give consent to Jackson Family Practice to retrieve and use my medication history from SureScripts.

Printed Patient Name: _____ Date: _____

Patient/Parent/Guardian Signature: _____