



Office Financial Policy & Insurance Billing Service Authorization

With this service, we are able to bill your insurance directly and save you the paperwork. We need the following authorization from you in order for this to work correctly.

I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY AMOUNT NOT COVERED BY INSURANCE, AND I HEREBY AGREE TO PAY AS SPECIFIED BELOW.

We will submit your claims for services provided by FFL to your insurance company.

PLEASE READ THE FOLLOWING IMPORTANT INFORMATION

1. **We expect full payment from your insurance company within forty-five (45) days of date of service. If your insurance company has not paid by then, you will be sent a bill and need to make the payment within thirty (30) days. Your account balance remains your responsibility.**
2. **Under our Courtesy Billing Program,** we have asked your insurance company to pay us directly, however, some insurance companies may pay the patient instead. If this occurs, you should sign the check over to FFL and mail it with the insurance explanation of benefits and the stub from your monthly statement. If you deposit the check we will invoice you for that amount.
3. You must notify us **IMMEDIATELY** of any change in your insurance coverage or address/telephone number.
4. Account balances not paid after sixty (60) days may be subject to a 1.5% per month late payment charge. This charge will be billed to you, not to your insurance company.
5. **Co-payments and deductibles** are due at the time of service. Non-covered services will require payment at the time services are provided or upon notice of insurance claim denial.
6. **Missed Appointments** will incur a \$25 charge after the 1st missed appointment. We require at least 24 hours' notice to cancel or change appointments.

I have read the above Courtesy Insurance Billing Program, and understand all aspects of the program. I understand that I will be responsible for any amount not paid by my insurance within 45 days.

Patient Name (Please Print)

Date

Patient Signature / Guarantor's