



# ASSOCIATED FAMILY PHYSICIANS

## Financial Statement

Please Read and Sign

In order to do our part to help control the high costs of medical care, we require that you provide us with current proof of insurance coverage at the time of visit. This includes new patients and established patients.

Your insurance coverage is a contract between you and your insurance carrier. Our obligation is to collect copays, deductibles and co-insurances (if your insurance contract has one) at the time of service.

Our office will verify eligibility (though not a guarantee of payment or benefits which may result in a statement after your insurance has been billed).

**HMO Insurances** - For our HMO patients (Hill Physicians or Sutter), we will bill in accordance with our contracted agreement with either of these designated IPA's.

**PPO Insurances** - For our PPO patients, we bill as a courtesy to our patients.

**Deductible** – If your insurance contract includes a deductible, you will be charged \$75.00 at each office visit to go towards this. Any further amount over \$75.00 that your insurance requires towards your deductible, will be billed to you and due upon receipt. Once your deductible has been met for the calendar year, we will continue to collect your copay for each visit thereafter.

In the event you do not have benefits for a service rendered, (as in Physicals, Immunizations, Elective Procedures, etc.) payment is expected at the time of service.

**Medi-Cal and other HMO Groups** – We are not contracted with; nor are we able to provide services to patients with any form of Medi-Cal or affiliated IPA's (Independent Physician Association) of UCD, Med Clinic, or Kaiser; we will not bill 3rd party or auto insurances. Our HMO contracts are with Hill Physicians and Sutter Independent Physicians **only**.

We also do not get involved in legal disputes over financial or parental responsibility. The parent that accompanies the child to the visit is "that" responsible party.

**No-Show Policy** – Our office charges a \$25.00 no-show fee for any missed appointments, or cancellations where 2 hours advanced notice is not given, and that frequent no-shows will result in discharge from the practice.

**I have read and understand the information above, and by my signature, agree to abide by this policy.**

---

Signature of patient (Or parent)

Date

---

Please print patient name

8110 Timberlake Way  
Sacramento, CA 95823  
(916) 689-4111

417 C Street  
Galt, CA 95632  
(209) 745-1778

www.familymd.com