# Financial Responsibility & Office Policies

## F Financial Responsibility

We are committed to providing quality healthcare while helping patients understand their financial responsibilities.

- ☐ Copayments are due at the time of service.
- ☐ Deductibles, coinsurance, and non-covered services remain the responsibility of the patient.
- ☐ Insurance verification is not a guarantee of payment.
- ☐ Balances not paid by insurance remain the responsibility of the patient.

## A Appointment Policies

- ☐ Please provide reasonable notice if you need to cancel or reschedule an appointment.
- ☐ Missed appointments and late cancellations may be subject to a fee of up to $50.00.
- ☐ This policy applies to office visits and telemedicine visits.
- ☐ Assessment of any fee remains at the discretion of Altamonte Medical Associates, P.A.

## B Billing Questions

- ☐ Patients are encouraged to contact the office with billing questions.
- ☐ Accounts more than ninety (90) days past due may be referred to collections at the discretion of Altamonte Medical Associates, P.A.

Patient / Responsible Party Signature _____ Date _____