Phone (910)353-0581/9688

Jacksonville Children's and Multispecialty Clinic, P.A. Fax (910)353-1536/7498

Today's Date:

NOTICE OF FINANCIAL POLICY

The staff and providers of Jacksonville Children's and Multispecialty Clinic (JCMC) appreciate your choosing us as your provider. A clear understanding of the practice's financial policy is an essential element to any doctor/patient relationship. It is our policy to provide the best care regardless of source of payment.

- We are happy to file your insurance as a courtesy. Please bring your most current insurance card with you for every visit. Behavioral Mental Health is not a Medicaid provider. Please be prepared to pay your copay, deductible, previous balances, and non-covered services at the time of your visit.
- JCMC accepts Visa, MasterCard, Care Credit, personal checks or cash. JCMC reserves the right to reschedule visits if you fail to bring appropriate payment. You will be responsible for any amount not covered by your insurance. Outstanding balances over 90 days may be turned over to an outside credit agency. Jacksonville Children's and Multispecialty Clinic reserves the right to add a collection fee.
- If your insurance requires pre-approval or referral for specialist visits, it is your obligation to assure that the visit/s are approved. Failure to obtain pre-approval or referral may increase the amount you have to pay or lead to the rescheduling of your appointment.
- Self-Pay Patient JCMC accepts patients that do not have insurance coverage. Payment for services is expected at the time of service. Self-pay patients' fees will be at the approved CMS Medicare allowed amount.
- Appointment Cancellation Policy Failure to cancel your appointment without a 24 hour notice will result in a \$50.00 fee. This fee is NOT covered by your insurance. It must be paid before any future appointment is made.
- NSF (returned) checks JCMC charges a NSF fee for every returned check written. Multiple returned checks will result in dismissal of the patient.
- The adult accompanying the minor will be the individual responsible for payment of copays, co-insurance, deductibles, non-covered services, and non-participating insurance balances at the time of service. We do not get involved in domestic disputes over balances.
- JCMC assesses a \$10.00 charge, per chart, for medical records printed for and given to an individual. Chart transfers from JCMC to another provider are free of charge. Behavioral Medicine Clinic will charge \$5.00 per letter or form completion. You are responsible for payment at the time you drop off the forms for completion.
- JCMC reserves the right to cancel or reschedule your appointment for unpaid balances, patient non-compliance, or mistreatment of our staff.

I do not agree to participate in telemedicine services with my Behavioral and Mental Health Provider.	co	overage issues will need to be addressed by your insurance company member services department. My signature below dicates that I have read, understand and agree to the above financial policy:
	Oı	I agree to participate in telemedicine services with my BMH Provider and pay the self-pay fee amount. I do not agree to participate in telemedicine services with my Behavioral and Mental Health Provider. ur billing office is available to answer questions regarding our financial policy or setting up a payment plan. Specific

Patient/Parent/Legal Guardian signature