

Patient:

DOB:

Encounter Date:



Jacksonville Children's Multispecialty Clinic
118 Memorial Dr
Jacksonville, NC 28546
Phone: (910) 353-0581
Fax: (910) 353-1351

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. Medicaid patients are required to show a current Medicaid card each time. Please be prepared to pay your copay, deductible, previous balances, and non-covered services at the time of your visit. Make sure your insurance information, address, phone number, and email are correct at every 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.

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.

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.

Self-Pay Patient – JCMC accepts patients that do not have insurance coverage or choose not to use their insurance coverage. Payment for office visit services is expected at the time of service. Patients **will be billed** for all other tests, procedures, medications, injections, etc. at the discounted rate of 25%.

Appointment Cancellation Policy - Failure to cancel your appointment without 24 hour notice will result in a **\$25 NO SHOW FEE, \$50.00 for Specialist**. This fee is NOT covered by your insurance. Any patient having three no shows will be considered for release from our practice.

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 may incur a charge, per chart, for medical records printed for and given to an individual. Chart transfers from JCMC to another provider are free of charge. 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, inappropriate behavior, or mistreatment of our staff.

Our billing office is available to answer questions regarding our financial policy or setting up a payment plan. Specific coverage issues will need to be addressed by your insurance company member services department.

I have read, understand and agree to the above financial policy:

Printed Patient Name: _____ **DOB:** _____

Patient/Parent/Legal Guardian signature **Today's Date:** _____