

Ouachita Family Medicine

Financial Policy

Welcome to Ouachita Family Medicine. Please read this policy carefully and completely. By signing the bottom of this form

You understand who is financially responsible for medical services being provided and that you are ultimately responsible for payment.

1. We participate with many insurance companies. However, you are responsible for all balances not covered by your insurance. It is your responsibility to obtain any referrals and or authorizations required by your insurance carrier. Due to changes in insurance, we may not be participating with your individual carrier's plan. You are responsible for contacting your carrier to verify this participation. Any changes denied as out of network are your responsibility.
2. All co-payments, co-insurance amounts and deductibles are due at time of services rendered.
3. A discount may be available if you have no insurance coverage, but only when payment is made in full at the time of service.
4. We accept cash, check, and most credit cards. If a check is returned due to Non Sufficient Funds (NSF), you will be charged a **\$30.00** NSF fee to cover bank charges.
5. If you owe a current balance at the time of a future visit you may be required to pay this balance in full before seeing the provider.
6. If you owe a balance on your account and you have not responded to at least three attempts to collect by our office, your account may be turned over to a collection agency for the complete balance due.
7. All billing for our clinic is performed by an outside company, Impact Healthcare Solutions. Any questions concerning your account may be directed to their office by calling (318) 255-7591.

I have fully read and understand the terms and conditions stated in the above Financial Policy.

Signature of Patient/Legal Guardian

Date

Name of Patient (If not the same as responsible party)