



## Financial Policy

In order to best serve you and others and provide effective healthcare on an ongoing basis it is necessary that The Natural Family Health Clinic (NFHC) abide by a definite financial policy. The following terms are the basis of our financial policy:

1. The NFHC will charge a fair price for all services and products rendered as part of delivered healthcare.
2. All applicable fees, copays, and coinsurance payments for services and products are due at the time of service unless specific arrangements have been made with the clinic financial manager.
3. Any charges incurred as a part of delivered healthcare is the sole responsibility of the patient and/or legal guardian.
4. The NFHC does provide courtesy billing to third-party insurance providers for covered services only and retains the right to collect fees due for non-covered services and products at the time of service.
5. It is the policy of the NFHC to inform you when delivered healthcare may include non-covered services or products whenever that information is available, however, it is the responsibility of the patient to understand the benefit details of his or her insurance policy.
6. The NFHC does not bill third-party insurance providers for any pharmacy or medicinal items or medical equipment provided as a part of delivered healthcare and any related charges are the responsibility of the patient and/or legal guardian.
7. We are happy to provide you with the appropriate documentation in order to submit your own claim for any non-covered services or products or charges incurred that are otherwise not billable to insurance.
8. The NFHC has a cancellation fee of \$50 for any appointments cancelled without 48-hour notice to the clinic.

I have read and understand the above-stated policies of the NFHC and will comply with them in all respects.

Patient Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_