



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.** 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. 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%. The self-pay discount only applies to patients without insurance coverage.
- 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.
- 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, 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:** _____

Today's Date: _____

Patient/Parent/Legal Guardian signature