



# SCHLAMP MEDICAL CLINIC

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[www.Schlampmd.com](http://www.Schlampmd.com)

## Patient Financial Policy

This policy addresses questions concerning your responsibility with fees or the payment process. Please do not hesitate to talk to our Patient Accounts Representative with questions or concerns.

Payment for our services is due at the time in which the services are provided to the patient. Schlamp Family Medical Clinic process is that all charges will be paid in full at the time of service. This includes all copayments, co-insurance, deductible, previous unpaid balances, services that are not covered by your insurance company or any amount remaining after your insurance has paid. All accounts must be kept financially current. Payment plans are available and must be agreed upon with the Patient Accounts Representative before services are rendered.

Non-payment of the services rendered may result in a referral to a collection agency, attorney, or dismissal from our practice. All expenses incurred due to non-payment will result in additional fees from a collection agency or attorney.

Schlamp Family Medical Clinic requires prompt payment on all charges that we present to you. When we present a charge to you, we have already forwarded and discounted an amount agreed upon by your insurance company. All remaining balance is your responsibility. If you do not agree with the patient responsibility amount or reimbursement amount by your insurance company, you will need to contact them. We will provide you will information concerning the contractual and reimbursement amount.

I understand the above information, and I will be financially responsible for the following patient:

Patient Name: \_\_\_\_\_  
(Print patients name)

Guarantor \_\_\_\_\_  
(If patient is a minor)

Signature \_\_\_\_\_  
(Guarantor if patient is a minor)

Date: \_\_\_\_\_