



***PATIENT
FINANCIAL
POLICY***

**Richard D. Adelman, M.D.
Donna J. Griffin, P.A.C.
Kathleen Janus, F.N.P.**

Health Care for Your Whole Family

7320 Six Forks Road
Suite 260
Raleigh, NC 27615

Dear Patient:

We are pleased you have chosen Dr. Adelman as your family physician. As he provides the quality medical care you need, we, his office staff, will work with you in arranging convenient appointments as well as assisting with processing of your health insurance. As you know, medical insurance and payments can become quite complicated at times. We are dedicated to providing the best possible care and service to you and regard your complete understanding of our financial policies as an essential element of your care and treatment.

- Unless other arrangements have been made in advance by either yourself or your health coverage carrier, full payment for office services are due at the time of service. For your convenience we accept Visa and MasterCard, as well as personal checks and cash.
- We have made prior arrangements with many insurers and other health plans to accept an assignment of benefits. We will bill those plans with whom we have a contract and will only require you to pay the deductible or co-pay at the time of service. Please be prepared to pay your co-payment when you arrive for your appointment.
- If you have insurance coverage with a plan with whom we do not have a contract, we will provide a claim form delineating the physician's services for you to forward to your insurance company. Your insurer will send payment directly to you; therefore, our charges for your care and treatment are due at the time of the service.
- All health plans are not the same and do not cover the same services. In the event your carrier determines a service to be "not covered", you will be responsible for the complete charge. If you are covered by Medicare, you will be notified in advance and asked to sign a waiver. Payment is due upon receipt of a statement from our office.
- For all services provided in the hospital, we will bill your health plan. Any balance due is your responsibility and we will bill you for these balances.
- For all services rendered to minor patients, we will look to the adult accompanying the patient and the parent or guardian with custody for payment.

I have read and understand the financial policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice. For convenience, Dr. Adelman and staff may apply payment of my account from my MasterCard/Visa upon my request.

Signature of Patient or Responsible Party if a Minor

Date

Please Print the Name of the Patient