

Richard D. Adelman, MD Family Health Care
7320 Six Forks Rd. Ste. 260
P (919-846-9292) F (919-848-3638)

Financial Policy

We are pleased you have chosen Richard D. Adelman, MD as your family's medical provider. We are committed to building a successful provider-patient relationship with you and your family. We are dedicated to providing the best possible care and service to you and regard your complete understanding of our financial policy as an essential element of your care and treatment.

- You are expected to have your insurance card with you at every visit.
- If we are contracted with your current insurance, we will submit an insurance claim on your behalf and collect any copays, deductibles and/or coinsurance at the time of service.
- Copays and past due balances will be collected at the time of service either at check- in or check- out. We will not bill you for copays' unless you have made previous arrangements with the provider or a member of the billing staff.
- In the event that your health insurance determines a service to be "not covered", you will be responsible for the balance. If you are covered by Medicare, you will be notified in advance and asked to sign an Advanced Beneficiary Notice.
- For all services provided to minor patients and/ or patients with guardians, the balance becomes the guarantor's responsibility.
- If we are out of network with your insurance and your insurance company pays you directly for those services, you are responsible for payment and agree to forward that payment to us immediately.

By signing below, you agree to accept full financial responsibility as a patient receiving medical services, and are the responsibility for minor patients. Your signature verifies that you have read the above disclosure statement, understand your responsibilities, and agree to these terms.

Patient Name: _____

Patient Signature: _____ Date: _____

Responsible Party Name: _____

Responsible Party Signature: _____ Date: _____