

**Richard D Adelman, MD**  
Family Health Care  
7320 Six Forks Road Suite 260  
Raleigh, NC 27615  
919-846-9292

**Financial Policy 2023**

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 provide the best possible care and service to you. We regard your complete understanding of our financial policy as an essential element of your care and treatment.

- We ask that you bring insurance card with you to every visit.
- If we are contracted with your current insurance, we will submit an insurance claim on your behalf.
- Copays, deductibles, coinsurance, and past due balances will be collected at the time of service. We will not bill you for copays unless you have made previous arrangements with our providers or our billing department.
- If 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 as 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 our services, you are responsible for payment and agree to forward that payment to us immediately.
- By signing below, you are acknowledging that your payment must be made in a timely manner and if not done so, a collection fee of 30% will be added to your balance and will be forwarded to a collection agency with potential credit impact.

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

Patient Name: \_\_\_\_\_

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

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

Guarantor Name: \_\_\_\_\_

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

Guarantor Signature: \_\_\_\_\_