Financial Policy

We are committed to providing the highest quality care to our patients. To ensure clarity and transparency regarding financial matters, we have outlined our financial policy below. Please read this policy carefully. If you have any questions or concerns, feel free to ask a member of our team!

All Payments Are Expected At The Time Of Service

Full payment is due at the time of service, including any copayments. We accept cash, checks, VISA, MasterCard, and Discover. Additionally, payments can be made through the patient portal, LiveWell App.

Insurance

Our billing department will bill in-network insurance companies as a courtesy. It is the patient's responsibility to confirm if we are in-network with their chosen plan. While we will try to verify this, the ultimate responsibility lies with the patient. Patients must understand their insurance coverage. We cannot waive copays or deductibles.

We allow 60 days for insurance response and require full payment within 60 days of the insurance decision. If unpaid, future appointments cannot be scheduled. Patients are responsible for all charges, whether covered by insurance or self-pay.

We do not bill secondary insurance.

Worker's Compensation

We will bill Workers' Comp if patients provide us with the name, billing address, and claim number for the insurance company.

Collections

If your account is sent to collections, a $25 fee and up to 33% of the balance for processing will apply. While in collections, you cannot be seen by any of our physicians, until the balance is fully paid. Reactivation of your care may be possible, though dismissal could remain permanent.

Applicable Fees

- NSF Checks $25.00
- Form Fee $10.00 (forms may take up to 5 business days)
- Phone Activity $25.00 and up
- Print Out for Tax Purposes $15.00
- Copy of Medical Records (subject to law)
- No Show/Late Cancellations (refer to the No-Show Policy)

I have read and understood the Caring Family Financial Policy

Print Patient's Name:_____

Patient/Parent/Guardian's Signature: _____ Date:_____