

Caring Family Health Nurse Practitioners PLLC
6846 Buckley Road Suite 2
North Syracuse, NY 13212
Phone: 315-980-9892 Fax: 315-282-2344

PATIENT FINANCIAL AGREEMENT

I hereby authorize Caring Family Health Nurse Practitioners PLLC to apply for benefits on my behalf for services rendered. I authorize the release of any necessary information, including medical information, for this or any related claim to my insurance company in order to determine these benefits payable. I request that payment of authorized benefits be made payable to Caring Family Health Nurse Practitioners PLLC on my behalf.

- ✓ We participate in most insurance programs. If you need a list of participating insurances, contact our office. Please confirm with your insurance company that we are listed as participating providers. By contract, the covered charges will be paid directly to us by your insurance company. Any applicable co-insurance and deductible payments are due at the time of service.
- ✓ If we do not participate with your insurance, you will be required to pay in full for charges at the time of service.
- ✓
- ✓ A \$25.00 fee will be charged to all patients for any returned checks.
- ✓ I understand that I may be charged a 25.00 cancellation fee for any appointments not cancelled within a 24-hour time frame.
- ✓ I understand that I am financially responsible for any non-covered and/or denied charges incurred on my behalf.
- ✓ I have also reviewed or have been provided with a copy of Notice of Privacy Policy
- ✓ A copy of this agreement may be used in place of the original.

Printed Name: _____

Signature _____ Date _____