

DATE:

FINANCIAL POLICY

Direct Primary Care Patients: After joining TVFM and paying your monthly enrollment fee, you will not be responsible for any additional TVFM physician consult fees. Your only additional clinic costs may occur from outside tests (labs, x-rays/imaging), pharmacy, vaccines or implantable devices (Nexplanon, IUD). You will not be charged for in-clinic procedures (EKG, lung tests, vasectomy, obtaining skin biopsy, CDL exam).

Cash/Self-Pay Patients: Discounted fees are presented & will be collected in full at the beginning of the visit. Any additional or unplanned services delivered are due in full at the end of the visit.

Medicare Patients: We are participating providers of the Medicare program. We will accept assignment on all claims. TVFM is REQUIRED by law to submit a claim to Medicare for any care you receive and bill you later for the 20 percent copayment. Medicare patients are not legally allowed to participate in a Direct Primary Care payment model. Patients are responsible for meeting their annual deductible and paying any percentage of co-payment required. We do not file with any secondary / supplemental carriers, as Medicare has this legal authority. However, in the event that the secondary does not pay within 60 days, patients will be balance billed.

HMO, PPO, other Managed Care, and Commercial Patients: Co-payments and coinsurance will be collected before services are rendered. You will be responsible for paying your annual deductible plus co-payment and charges for any non-covered services. If you are covered by a private, commercial plan in which TVFM does not participate, you will be required to pay \$100 at the beginning of the visit. The entire remaining unpaid balance left after payment from your insurance will be billed to you regardless of the benefits and payment policies of your carrier.

Worker's Compensation: If you are a worker's compensation patient, it is our policy to bill your employer or the worker's compensation carrier for services rendered. If payment is denied from your worker's compensation carrier, you will become responsible for the entire balance of your services.

Nonpayment: Should collection proceedings or other legal action become necessary to collect an overdue account, you understand that TVFM has the right to disclose to an outside collection agency (Transworld Systems) all relevant personal and account information necessary to collect payment for services rendered. You understand that you are responsible for all costs of collection including, but not limited to, all court costs and Attorney's fees, and a collection fee of 50% which may be added to the outstanding balance.

Acknowledgment: By signing below, you agree to accept full financial responsibility as a patient who is receiving medical services from TVFM. Your signature verifies that you authorize assignment of benefits, have read this disclosure statement, understand your responsibilities, and agree to the terms and conditions described herein.

Signature patient

Printed name patient