

Carlisle Family Care

1533 Commerce Avenue, Suite 1, Carlisle, PA 17015

Phone (717)240-1322

Fax (717)240-0382

COLLECTION BALANCES

If you had a previous collection balance or are presently in collection, the physician may use his or her discretion as to seeing you and your dependant again. It may be required that you pay your previous balance prior to being seen. If seen by the physician, we must verify current insurance coverage. You will be responsible for payment of the office visit, co-pay, deductibles, etc., on the day of the visit.

ADMINISTRATION/CLINICAL MANAGEMENT FEES

There may be fees for the following services:

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| -Physician care without an appointment (via phone) | -Request for lab results (via phone) |
| -Prescription Management (refills/pharmacy) | -Appeals for denied services/claims |
| -Completion of forms:
(disability, medical leave, FMLA, etc.) | - Medical Records (copy and/or fax) |

(PAYMENT WILL BE REQUIRED WHEN PICKING UP FORMS OR PRIOR TO MAILING RECORDS)

PATIENT CANCELLATIONS

Carlisle Family Care requires a call 4 hours prior to scheduled appointments. There will be a \$25.00 fee if we are not notified 4 hours prior to your appointment time. We do understand that there are emergencies and we will consider waiving the fee at our discretion.

PATIENT NO SHOWS

1st & 2nd Infraction: A \$25.00 fee will be charged to your account and cannot be billed to your insurance.

3rd Infraction: You will receive a letter of dismissal and a \$25.00 fee will be charged to your account and again cannot be billed to your insurance.

(The dismissal will be determined after the 3rd infraction within the same calendar year.)

MEDICAL INFORMATION, INSURANCE PAYMENT AND PRESCRIPTION RELEASE

I GIVE PERMISSION TO Central Penn Management Group, and its authorized employees, agents, and medical providers to release my medical information to insurance carriers, health maintenance organizations, governmental agencies, and other entities or individuals charged with the fiscal responsibility for the payment of medical services rendered to me. I hereby authorize payments of the medical benefits otherwise payable to me to be paid directly to Central Penn Management Group and/or the appropriate provider. I consent to having any monies received by the provider of services on my behalf to be applied to my outstanding accounts. I assume full responsibility for payment of any charges for the medical services provided. I acknowledge and understand that in order to facilitate billing and related activities, my medical information will be maintained by CPMG on its computer network, and that all such information will be subject to appropriate measure to protect confidentiality. I also give consent to phone/fax prescriptions to my pharmacist.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE FINANCIAL POLICY OF CARLISLE FAMILY CARE.

Signature of Patient or Responsible Party

Date

If you have any questions about our financial policy, please contact our office at 717-240-1322. Thank You!