

Family Medicine, PC

Patient Payment Authorizations and Patient Policies

Authorization of Benefits (AOB)

I, the undersigned patient, or authorized representative, hereby authorize and direct my insurance provider to pay all benefits due under my policy directly to Family Medicine, PC for any services provided to me.

I understand that I am financially responsible for any charges not covered by my insurance plan.

I also authorize the release of any medical information necessary to process claims and determine benefits payable for related services.

Patient Signature or Authorized Representative

Date

Patient Printed Name

Co-pays and deductibles are due at the time of service

All co-payments, deductible and coinsurance policies are due in full at the time of service. Any payment arrangements must be requested and approved by Family Medicine, PC's billing manager. If payment arrangements have been made, you are asked to abide and pay according to the schedule. We accept cash, Visa, MasterCard, American Express and Discover. Checks are not accepted, unless for a balance on an account. All returned checks will incur a \$35.00 fee. By initialing, you acknowledge and accept this statement

_____ initials of patient or authorized representative

Your Health Insurance

We participate with most health insurance plans. We do not participate with Medicaid. We will bill your health insurance company as a courtesy to you and will assist in any way reasonable to help get your claims paid. Although we may estimate what your health insurance company will

pay, it is the health insurance company that makes the final determination of your benefits and eligibility. Your health insurance company may require you to supply certain information directly. It is your responsibility to comply with their request. Please be aware the balance of your claim is your responsibility.

All patients must complete our patient forms before seeing our providers. We must obtain a copy of your driver's license and current, valid health insurance information. If we do not you may be responsible for the balance of the claim. You must notify us immediately if your health insurance changes, so we may update your record. By initialing, you acknowledge and accept this statement.

_____ initials of patient or authorized representative

Self Pay, Medicaid and MCO Policies

If you do not have health insurance or have coverage through Medicaid or a Medicaid product through a managed care organization (MCO) such as Blue Cross Blue Shield, Molina, United Healthcare, Optum and Presbyterian Health Plan, you are responsible for medical services provided to you from Family Medicine, PC. **Family Medicine, PC does not accept Medicaid, nor MCO Medicaid products; and therefore you will be billed for your visit. No exceptions. Even if you are unaware that you have Medicaid or a MCO Medicaid product, it is still your financial responsibility to pay Family Medicine, PC for services rendered.**

Family Medicine, PC cannot provide medical services to patients who have Medicaid through the State of New Mexico, or a Medicaid product through an MCO as their primary or secondary medical coverage due to contractual limitations with these companies.

What does this mean for you?

You are personally financially responsible for all medical services provided to you from Family Medicine, PC. No medical claims will be filed to Medicaid or any MCO Medicaid product. Payment is due at the time of service, either by cash or credit card, and is only a ***good faith estimate*** of your medical services. There may be additional charges you will be billed for once your provider has completed your office notes and submits an invoice to our billing department.

The last two pages of this document lists our most common services and the associated fees. An office visit charge is added to any service, injection, immunization, in office lab, or procedure that is done in our office.

Please understand you do have a right to seek medical care and treatment with another provider that does accept reimbursement from Medicaid or Medicaid through an MCO in which your proposed medical costs may be covered.

You, or your authorized representative, acknowledge, understand, and accept the following statements:

- I, or my authorized representative, understand Family Medicine, PC, and its medical providers, do not accept patients whose medical services are paid for by Medicaid or Medicaid through an MCO due to contractual limitations.
- I, or my authorized representative, is authorizing Family Medicine, PC, and its medical providers to render medical services to me.
- I, or my authorized representative, understand I am personally financially responsible for all services rendered.
- I, or my authorized representative, has been given a ***good faith estimate*** of charges prior to my visit with my Family Medicine, PC provider.
- I, or my authorized representative, agree to pay the estimate in full at the time of service by cash or credit card to Family Medicine, PC.
- I, or my authorized representative, also acknowledge that I may receive an additional bill(s) for today's date of service.
- I, or my authorized representative, agree to pay the bill(s) in full, within the time frame stated on the statement by cash or credit card to Family Medicine, PC.
- I, or my authorized representative, understand that I have a right to seek medical care and treatment with another provider that does accept reimbursement from Medicaid or Medicaid through an MCO and my proposed medical costs for which I am seeking may be covered.

_____ initials of patient or authorized representative

Account Balances

If you have an unpaid balance, you will receive a statement by mail, email, or text every month. Payment is due upon receipt and all payments made are applied to the oldest outstanding balance. Balances over **6 months old are subject to being turned over to a collection agency.** The guarantor (the person responsible for paying the bill) will be responsible to pay all costs of collections, including reasonable interest and reasonable collection fees. By initialing, you acknowledge and accept this statement.

_____ initials of patient or authorized representative

Late Cancellation and No-Show Appointment Policy

Please allow a 24-hour notice for any appointment cancellation to avoid a \$50.00 no-show fee. Any late cancellation notice (less than 24-hours) is considered a no-show and subject to the same \$50.00 fee. If you have two no-shows in one year, you will receive a notice from the billing department. After a third no-show in one year, you may be excused from the practice. By initialing, you acknowledge and accept this statement.

_____ initials of patient or authorized representative

Credit Card Chargeback Policy

If you choose to dispute legitimate charges from Family Medicine, PC with your credit card company, we will require that all future payments be made in cash. This policy is in place to ensure the integrity of our billing process and to minimize administrative challenges associated with chargebacks. We appreciate your understanding and cooperation. If you have any questions about your bill, please feel free to contact our billing department or your health insurance company.

_____ initials of patient or authorized representative

Zero tolerance for abuse and foul language towards staff or other patients

Any act or threat of physical violence, harassment, intimidation, foul language, or other threatening disruptive behavior from any patient or guest is unacceptable and will result in immediate dismissal from Family Medicine, PC, and legal action may be pursued. By initialing, you acknowledge and accept this statement.

_____ initials of patient or authorized representative

Good Faith Estimate

Family Medicine, PC Self-Pay Pricing updated 1/2025					
Office Visit is with Provider			Office Visit for a Physical or PAP		
\$145.00			0 to 1 year	\$109.00	
			1 to 4 years	\$120.00	
DOT/CDL Physical with tax	\$136.70		5 to 11 years	\$131.00	
Wildland Firefighter Physical	\$190.00		12 to 17 years	\$158.00	
			18 to 39 years	\$180.00	
Vaccines (additional charge with office visit)			40 to 64 years	\$200.00	
			65 years and older	\$203.00	
flu shot	<i>ask billing</i>				
flu shot (65+)	<i>ask billing</i>		Therapeutic Injections (additional charge with office visit)		
Prevnar 20 (pneumonia)	\$180.00		Rocephin (ceftriaxone)	\$34.00	
Boostrix (DTaP)	\$93.00		Toradol (ketorolac)		
MMR	\$131.00		30mg	\$40.00	
Hep A (series of two)	\$125.00/ech		60mg	\$50.00	
			Testosterone Cypionate		
In-Office Lab (additional charge with office visit)			up to 100mg	\$52.00	
			up to 200mg	\$61.00	
Rapid Strep Test	\$22.00		up to 300mg	\$70.00	
IFOB	\$30.00		up to 400mg	\$80.00	
Pregnancy Urine	\$20.00				
Glucose	\$15.00		Procedures (additional charge with office visit)		
HbA1c	\$25.00		EKG	\$100.00	
Urinalysis (UA)	\$15.00		Nebulizer Treatment	\$35.00	
INR	\$30.00		TB (PPD)	\$50.00	

Urine Drug Screen (UDS)	\$20.00		Ear Lavage	
Lipid Panel	\$20.00		w/o instrumentation	\$45.00/ech
Influenza A and B	<i>ask billing</i>		w/ instrumentation	\$80.00/ech
COVID	<i>ask billing</i>		Cryotherapy	
			1st lesion	\$115.00
			2nd - 30	14.50/ech
7.63% sales tax will be added				
			Skin Tag Removal	
			up to 15	\$200.00
			16 - 25	\$50.00/ech
			Trigger Point Injections	
			1 - 2 muscles	\$120.00
			each additional muscle	\$30.00
			Dry Needling	
			1-2 muscles	\$100.00
			each additional muscle	\$20.00
			Cosmetic Botox	\$11.00/unit
			Ishihara Test (color blind)	\$25.00