

Waynesboro Family Medical Associates, LLP
1051 East Main Street, Suite 1, Waynesboro, PA 17268
717-762-9118

FINANCIAL POLICY

Waynesboro Family Medical Associates, LLP (WFMA) appreciates the opportunity to provide health care services to you. We recognize that payment for services has become more complex over the years. Ensuring proper payment on your account is a joint responsibility between those financially responsible and the provider. Therefore, we would like to briefly outline your role in this process.

FINANCIAL RESPONSIBILITY

You are obligated to assure WFMA that your insurance company (if applicable) will pay for the services rendered or you will pay for these services yourself. WFMA will send paper statements or electronic statements through the patient portal as a courtesy for any balance over \$10.00 to the mailing/email address on file. The balance is to be paid within 30 days by cash, check, or credit card. Payments may now be made through the portal.

INSURANCE

Your coverage is an arrangement between you and your insurance plan. It is your responsibility to understand your coverage. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of eligibility, coverage, and total balance payable by you. All copayments or payments towards the deductible or co-insurance will be collected on the day services are provided if applicable. Any remaining balances will be due and payable within 30 days of your insurance plan determining your responsibility.

SELF-PAY

If you do not have insurance coverage or you are covered by a plan that we do not participate with, you will be required to pay the day services are provided and a 25% discount will be available for those that qualify.

RETURNED CHECKS

A fee of \$35.00 will be charged for any checks returned by the bank for insufficient funds.

CREDIT CARD ON FILE

We are offering a new feature called Credit Card on File. This would allow you to place a Credit Card securely for payments at time of service or upon balances due after insurance processes. This prevents you from receiving a statement.

UNPAID BALANCES

If you are unable to pay your balance in full within 30 days, please contact our office to set up a payment plan. If your bill is higher than your ability to pay in one payment, we are now offering an auto-pay plan. This feature would automatically take a payment monthly from a credit card on file. The agreed amount would be established between you and the office over a set period of time.

Please see a billing staff member to set up your payment plan. All balances must be paid within 90 days on the payment plan.

If we do not receive either payment in full or contact from you regarding your unpaid balance within 60 days, you will be held responsible for potential assignment to a Collection Agency or dismissal from WFMA.

Signature (Parent/Legal Guardian)

Relationship to patient

Printed Name

Date