

TWIN FORKS FAMILY PRACTICE, LLC

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FINANCIAL POLICY

If you have insurance:

It is the office policy of Twin Forks Family Practice to collect all copays at the time of each visit. If your insurance company applies a deductible or co-insurance to your claims, you will be billed for the balance due. Please be advised that if the claim is denied by the carrier, the financial responsibility for the medical bills will be yours and payable at our usual and customary fees.

If you do not have insurance:

Financial responsibility for the medical bills is yours and payable at our usual and customary fees. Payment in full is expected at the time of each visit and will include a fee for the office visit and any procedures performed.

Workers' Compensation:

Prior to your visit you will need to provide Twin Forks Family Practice with the accident date, claim number and your employer's workers' compensation insurance carrier information. Upon verification that you have an open workers' compensation claim, no payment is necessary at the time of the visit. Please be advised that if the claim is denied by the carrier, the financial responsibility for the medical bills will be yours and payable at our usual and customary fees.

No-Fault:

Prior to your visit you will need to provide Twin Forks Family Practice with the accident date, claim number and your no-fault insurance policy and carrier information. If the no-fault policy is not in your name, we will need full information on the policyholder. Upon verification that you have an open no-fault claim, no payment is necessary at the time of the visit. Your auto insurance policy may include a deductible. If a deductible is applied to your Twin Forks Family Practice office visits, you will be billed for that deductible. Please be advised that if the claim is denied by the carrier, the financial responsibility for the medical bills will be yours and payable at our usual and customary fees.

For your convenience we accept cash, checks, credit cards and debit cards. **A fee of \$25 will be assessed for returned checks.**

I have read, understand and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable copays and deductibles are my responsibility.

I authorize my insurance benefits be paid directly to Twin Forks Family Practice, LLC.

I authorize Twin Forks Family Practice, LLC to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

PATIENT/LEGAL GUARDIAN
Print Name

RELATIONSHIP TO PATIENT

PATIENT/LEGAL GUARDIAN
SIGNATURE

DATE