

FEMME CLINIQUE PATIENT PAYMENT AGREEMENT FORM

PLEASE READ CAREFULLY AND SIGN AFTER READING

At Femme Clinique, we are dedicated to providing high-quality medical care. We understand that your visit is focused on your health rather than finances. The following agreement is intended to clearly outline our billing and financial policies to ensure transparency and mutual understanding.

Payment Requirements

- **Payment is due at the time of service unless prior arrangements have been approved by the clinic.**
- **We accept Visa, MasterCard, Discover, American Express, cash, and check.**
- **A \$25 fee will be charged for any returned checks.**
- **Patients are responsible for all charges not covered by insurance, including copayments, coinsurance, deductibles, denied claims, and non-covered services.**

Credit Card on File Requirement

- **A valid credit card on file is required for all patients to cover balances not paid at the time of service.**
- **Authorization is granted to charge outstanding balances after insurance processing.**
- **Alternative arrangements must be approved in advance.**
- **Declined cards must be updated promptly.**

Outstanding Balances

- **Statements and invoices may be sent electronically and/or by mail.**
- **Past-due balances exceeding 90 days are considered delinquent.**
- **Failure to resolve an outstanding balance may result in:**

Suspension of treatment and services

Suspension of future appointment scheduling

Requirement of payment in full prior to any future visits

Further account processing, in accordance with Femme Clinique's billing policies and applicable laws

Appointment Policy

- **A minimum of 24 hours' advance notice is required to reschedule or cancel an appointment.**
- **A \$50 no-show fee will be charged for missed or late-cancelled appointments and is not billable to insurance.**

Medical Records

- **Medical records are maintained in accordance with state and federal law.**
- **Please allow up to 10 business days to process medical record requests.**
- **A processing fee may apply for requests made by third-party medical record services.**
- **Medical records will not be released without patient authorization unless required by law.**

Insurance and Fees

- **Femme Clinique is currently contracted with Premera and Regence.**
- **A cash-pay discount may be available for patients without Premera or Regence insurance.**
- **The patient remains financially responsible for all services provided by Femme Clinique.**

Patient Acknowledgment

I have read and understand the above financial policies. I agree to be financially responsible for all services rendered and understand that failure to comply may result in suspension of treatment or services.

Patient Name: _____

Patient (Guardian) Signature: _____

Date: _____