1013 Chestnut Lane
Suite 110
Matthews, NC 28104
Office: 704-585-8255
Fax: 704-448-0660
https://chestnutfamilypractice.com

Patient Financial Responsibility & Credit Card Policy

Thank you for choosing Chestnut Family Practice as your healthcare provider. We are honored by your choice and are committed to providing you with the highest quality healthcare. We ask that you read and sign this form to acknowledge your understanding of our patient financial policies. Please, KNOW YOUR BENEFITS.

In consideration of the receiving services from Chestnut Family Practice, PLLC, you agree:

1. All services are provided to you with the understanding that you are responsible for the cost regardless of your insurance coverage. If you would like to know the cost of a service, please inquire prior to treatment. You are responsible for knowing what services are or are not covered.

2. Patients are responsible for the payment of copays, coinsurance, deductibles and all other procedures or treatments not covered by their insurance plan. Payment is due at the time of service, so we ask patients to bring their form of payment and insurance information to the office visit. For your convenience, we accept cash and most major credit cards.

3. I hereby authorize Chestnut Family Practice and the physicians, staff and hospitals associated with Chestnut Family Practice to release medical and other information acquired in the course of my treatment to the necessary insurance companies, third party payors and/or other physicians or healthcare entities required to participate in my care.

4. I hereby authorize assignment of financial benefits directly to Chestnut Family Practice and any associated healthcare entities for my services rendered as allowable under standard third party contracts. I understand that I am responsible for charges not covered by this assignment.

Please submit any questions through the patient portal by email at info@chestnutfamilypractice.com.