



924 Jefferson Avenue ▪ Rochester, NY 14611
P: 585-463-3870 F: 585-463-3873

Financial Policy

Jefferson Family Medicine Financial Policy

Our financial policy has been set up to prevent misunderstandings. We like to acknowledge patients who take a responsible approach to paying for their medical care.

1. Full payment is expected at the time of check in unless other arrangements are made in advance.
2. A service charge of \$10 on the unpaid fee will be charged unless paid within 30 days of date of service. An additional service charge of 2.0% per month on the unpaid balance will be charged after 30 days.
3. Returned checks are subject to a \$25 service charge and will terminate your privilege to pay by check on future visits.
4. Patients who do not give 24 hour notice for cancelled appointments will be charged a \$25 missed appointment fee.
5. It is understood and agreed that in the event an outstanding balance has to be referred to a collection agency or attorney for recovery you will be fully responsible for all collection agency fees and attorney fees.

Please sign below to indicate that you have read and fully understand said policy.

Name: _____ Date: _____

DOB: _____

Signature: _____