



Date Received: _____

Wiscasset Family Medicine

Cortney Linville, DO
Sarah L. Hurley, PA-C

Mary S. Rafter, FNP

Edward B. Kitfield, MD
Sarah H. Robey, PA-C

Scheduled Appointment Agreement

Our responsibility to the patient is to provide care and order labs based on your individual medical needs and current prevention guidelines and the standard of medical care. Please take the time to familiarize yourself with your insurance benefits with a phone call to your insurance company, if necessary. There are many plans and their benefits change often, so we have no way of knowing what is current for you.

You may schedule an appointment as WELLNESS EXAM, PHYSICAL EXAM or ROUTINE CARE EXAM, and it will be billed as such to your insurance plan. Due to coding rules, we MUST bill this exam as Preventive Care. If during your visit you have additional concerns or problems that require a diagnosis and/or other treatment it would be considered a Problem-Oriented Exam and you may incur additional office or lab charges. These charges and any for your Preventive Care Exam will be billed to your insurance company. If you would like to keep preventive care charges separate from your Problem-Oriented Exam, we prefer this too and we would be happy to schedule it that way for you. You may be asked to schedule a separate appointment for specific concerns, based on time constraints.

If your insurance company does not cover some or all of these charges, you will be billed directly for the balance they indicate is "patient responsibility". Please do not ask us to re-bill your insurance by changing the procedure or diagnosis codes. We are unable to make a change once the insurance has been billed.

Any laboratory services that are not provided by Wiscasset Family Medicine (in house) are provided by NorDx Laboratory and have no direct financial or other affiliation with Wiscasset Family Medicine. This means the blood may be drawn by Wiscasset Family Medicine, but the laboratory work is done and is billed entirely by NorDx. If a billing question about laboratory service occurs, it is the responsibility of the patient to direct those questions to the NorDx billing department, and please note, that we can not change codes after the service is obtained.

I acknowledge that I have read and understand the information above. I understand I will be financially responsible for services that my insurance company indicates are "patient responsibility".

Printed Name

Signature

____/____/____
Date