

# North Liberty Family Health Centre, PC

420 Community Dr., Ste. 1, North Liberty, IA 52317  
(319) 626-6006 www.nlfhc.com

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Welcome to the North Liberty Family Health Centre, PC! We are an independent family practice. Our providers are trained to provide family care for people of all ages, emphasizing preventive medicine and maintenance of good health, as well as treatment of acute and chronic health problems. The following information should assist you with questions you may have about our office. **Please note:** You will be asked to complete paperwork annually so that we have up-to-date information.

**Hours:** Our office is open Monday 7 am to 6 pm, Tue, Wed and Thur. 7:30 am to 5:30 pm and Friday 7 am to 5 pm. A physician is "on-call" 24 hours a day for emergencies by calling Mercy Hospital at (319) 339-0300.

Initials: \_\_\_\_\_

**Appointments:** Patients are seen by appointment, so please call before coming in. We keep time available in the schedule each day for acute appointments, sudden illness or emergencies.

Initials: \_\_\_\_\_

**Communication:** We need your written permission to leave messages regarding your appointments and medical care on an answering machine or voice mail, if we are unable to reach you directly. You will be asked to keep this information updated by completing a form.

Initials: \_\_\_\_\_

**Billing/Insurance:** We require current insurance information in order to submit your claim. We require payment at the time of service. This includes: Co-Payments, Co-Insurance, and Deductibles. A service fee of \$4 will be charged if payment is not received at the time of service.

Initials: \_\_\_\_\_

We participate with a variety of health insurance plans. Insurance policies vary, and they do not cover all services. It is your responsibility to know what services your insurance covers. If you have any questions, please ask to speak with one of our billing staff.

If you are here for an annual preventative exam (physical) and wish to discuss additional symptoms or conditions not normally covered during a preventative exam, there may be an additional office level charged which may require a co-pay by your insurance.

A fee will be assessed for returned checks. We reserve the right to turn unpaid balances over to a collection agency. Services may be refused or you may be discharged from the practice for failure to comply with our payment policy.

Initials: \_\_\_\_\_

**Appointment No-Show/Cancellation:** If you are unable to make your appointment, please notify us at least two (2) hours in advance to cancel your appointment. If the appointment is not cancelled two (2) hours in advance or you do not show up for your scheduled appointment, you will be charged a \$25 no show/late cancellation fee. This fee is not billable to insurance. If you incur 3 no shows in a 12 month period, you may be discharged from the practice.

Initials: \_\_\_\_\_

**FMLA Forms/Disability Forms/Work or School Excuses:** A work or school excuse can be provided to you at the time of your appointment. Please make sure to ask for this if needed. If you request a work or school excuse at a later date, there will be a charge of \$5. There is also a charge of \$15 for the completion of FMLA and Disability paperwork when not accompanied by an appointment. The fees must be paid prior to the completion of the paperwork. We ask the patients to please complete their portion of the paperwork.

Initials: \_\_\_\_\_

If you have any questions regarding the above policies, please make sure to ask a staff member. (319) 626-6006

Staff Initials: \_\_\_\_\_

Date: \_\_\_\_\_