



FINANCIAL DISCLOSURE STATEMENT

At Edge Family Medicine, our goal is to effectively work with your insurance. While we do send a request for payment to your insurance company, you are ultimately responsible for payment on your account—regardless of insurance. Additionally, the Group is unable to accept the responsibility for collecting your insurance claims or negotiating a settlement on a disputed claim.

Depending upon your insurance, Edge Family Medicine will ask for a copay, coinsurance, or a deposit made towards your deductible. If you have a deductible, the deposit is used as a placeholder for the visit, until the final amount due is determined by your insurance.

I certify that I have read this statement and have had an opportunity to review with the staff any questions I may have had regarding the statement.

Patient Signature _____ Date _____