

# Lafayette Family Care

264 Lafayette Road, Suite 8  
Portsmouth, NH 03801

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## Insurance Policy and Patient Responsibility

Your health insurance policy is a contract between you and your health care insurers. Many insurance carriers have their own specific criteria set for how frequently an exam, test, or procedure can be performed in addition not paying for certain types of services such as referral outside of your network or screening testing, etc. It is your responsibility to know your health insurance coverage. We will make every effort to try to assist you in understanding your health benefits or supply you with other health plan related resources.

We will file on your behalf directly to the insurance carrier for payment as a courtesy to you. You are responsible financially for any uncovered balance. Insurance co-payment, deductibles, and uncovered services are expected to be paid at the time of service. Lafayette Family Care accepts cash, check, Visa, MasterCard, American Express, Discovery, in addition to setting up payment arrangements.

I have read and understand the above-stated financial/insurance policy and patient responsibility. I authorize Lafayette Family Care, Insurance Company, Health Care Financing Administration and its agents to release any information required to process claims. I have been provided an opportunity to ask any questions with staff of Lafayette Family Care.

Signature of Patient or Person Responsible for Account: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_