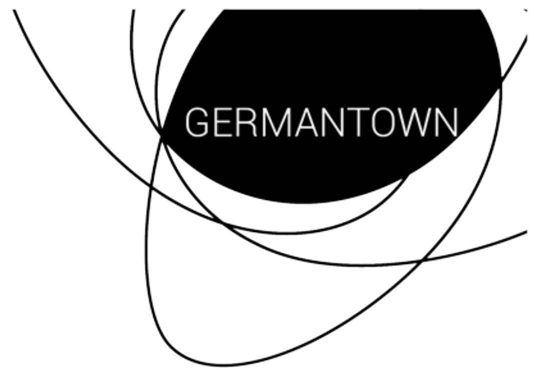
Potomac
Physician Associates



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Claire Jakabcin, P.A.-C

Family Medicine
Internal Medicine

Patient Responsibilities

Patient Name: __________________________DOB: _________________

The doctors of PPA want to keep healthcare accessible and affordable to our patients. You can help by taking responsibility for the following:

1. Notify us of any changes in your address or insurance information at the time of the change.

2. Know your insurance policy. Every policy has its own rules and regulations. It is in your best interest to know what your policies are, and if referrals are required. If you are seeing a specialist and arrive without getting proper referrals you understand that this means you become responsible for this service.

3. We order tests that are medically necessary. It is your responsibility to know what tests your insurance policy covers and does not cover. (This includes all lab and radiology tests.)

4. All appointments must be scheduled in advance. A $50.00 No Show or Late Cancellation fee will apply if you do not cancel your annual appointments 24 hours in advance or do not show for your annual appointment.

5. Co-payments must be made at the time services are rendered. (This is a health insurance requirement.) Accounts not paid within 45 days after date of invoice may be referred to a collection agency and/or attorney for collection. You agree to pay an additional $25 collection fee if your account is referred for collection.

6. Pay your bill promptly. If there is financial hardship, please contact the billing department at 1-855-346-1561in advance of appointment.

7. If your check is dishonored or returned for any reason, we may electronically debit your account for the amount of the check plus a processing fee of $35.00.

8. When needing a prescription refill or referral request of any kind, we will require 48 hours from the time of your call to process your request.

I, ________________________________ have read and understand the above policies.

Patient's Signature: ______________________ Date: ___________________

PPA Witness: ___________________________ Date: ___________________

Thank you in advance for your cooperation and understanding.

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