

Payment Policy

Thank you for choosing me as your primary care provider. I am committed to providing you with quality and affordable health care. Because some patients have had questions regarding patient and insurance responsibility for services rendered, I have developed this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

1. Insurance. We bill all PPO insurance companies and medicare. Since we are not contracted with any PPO insurance, other than for Huntington Hospital employees, you will be responsible for any portion of your bill not covered by your insurance company. With this understanding, you may either pay in full at the time of your visit and then be reimbursed later for the amount we receive from the insurance company OR, if you prefer, we can bill your insurance first and bill you later for anything not covered after we receive their payment.

2. Non-covered services. Please be aware that some of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You will be responsible for payment for these services.

3. Proof of insurance. All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your current valid insurance to provide proof of insurance if we are to bill insurance on your behalf.

4. Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

5. Coverage changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 60 days, the balance will automatically be billed to you.

6. Nonpayment. If your account is over 90 days past due, you will receive a letter stating that full payment must be received within 20 days. Partial payments will not be accepted unless otherwise negotiated.

7. Missed appointments. Our policy is to charge for missed appointments not canceled at least 24 hours in advance beginning with the second missed appointment. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment. If you would like us to leave a phone message reminding you of an appointment please check the appropriate box at the bottom of the Patient Registration Form.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of patient or responsible party

Date