

GREATER HAMPSTEAD FAMILY MEDICINE, PC FINANCIAL POLICY

Thank you for choosing Greater Hampstead Family Medicine, P.C. as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you read and sign prior to any treatment. All patients must complete our Information and Insurance forms before seeing a Provider at GHFM, PC

FULL PAYMENT IS DUE AT TIME OF SERVICE.

We accept Cash, Checks, Travelers checks, Credit Cards and Care Credit.

Regarding Insurance

We may accept assignment of insurance benefits if we directly contract with your insurance. However, we require 50% of the bill to be paid at time of service should you have a private insurance. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your insurance information and a copy of your current insurance card. Your insurance policy is a contract between you and your insurance company, and we are not a party to that contract. In the event we do accept assignment of benefits we require that you be pre-approved on our extended payment plan or provide a credit card with authorization to bill that account for the balance. If your insurance company has not paid your account in full within 45 days, the balance will automatically be transferred to your credit card and payable upon receipt. Please be aware that some, and perhaps all, of the services provided may be non-covered services, and not considered reasonable and necessary under the Medicare Program and/or other medical insurances.

With insurance plans where we are a participating provider, all co-pays and deductibles are due prior to treatment. In the event that your insurance coverage changes to a plan where we are not a participating provider, refer to above paragraph.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Adult Patients

Adult patients are responsible for full payment at time of service.

Minor Patients

The adult accompanying a minor and the parents (or guardians) of the minor are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, Visa/MasterCard, or payment by cash or check at time of service.

Missed Appointments

Unless canceled at least 24 business hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit. Please help us serve you better by keeping scheduled appointments.

Interest

We reserve the right to charge interest in the amount of 1.5% monthly as provided by state law.

Overdue Bills

All bills over 30 days past due will incur a \$10 billing fee (per statement) generated for any outstanding balance. Accounts 60 days old will also be reported to a Collection Agency. If the account remains unpaid, it will be subject to action in Small Claims Court.

Returned Checks

A check returned for insufficient funds will be charged \$30 in addition to the check amount and must be paid 10 days from receipt of notice from GHFM, PC.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

Failure to sign this agreement does not release the Patient/Responsible Party from the obligation of the above. A copy of this agreement will be supplied upon request.

This Financial Policy will remain in effect indefinitely.

I have read and understand the Financial Policy.

X _____ Date _____
Signature of Patient or Responsible Party

Please Print Name

Witness