

Highgate Medical Group, P.C.
Patient Financial Policy
Effective March 1, 2018

Thank you for choosing Highgate Medical Group, P.C. as your healthcare provider. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policy, or your responsibilities. To prevent any billing delays or difficulties, the office must be notified of any patient information changes (i.e. address, name, insurance information, phone number, etc.).

Insurance Claims

All services will be billed to responsible companies. If for any reason the claim is rejected, you will be responsible for payment. Payment is due upon receipt. A service charge of \$10 will be applied after the first statement to your account if balance is not paid in full within 30 days.

Co-pays

All copays are due at the time of check in. Otherwise, your appointment needs to be rescheduled.

High Deductible Insurance Plans

If you have a high deductible insurance plan, you will be required to leave a deposit for services at the time of your visit. Deposit amount will be dependent upon services requested. After the insurance payment is received, any deductibles that are the patient's responsibilities are due immediately upon receipt of a bill.

Self-pay Accounts

Self-pay accounts are payments without insurance coverage, or patients covered by insurance plans in which the office doesn't participate. Self-pay payments will be required to pay for services at the time of their visit, where an estimate of cost will be presented.

Missed Appointments

Highgate Medical Group requires 24 hours cancellation notice prior to your scheduled appointments. There is a \$40 "no show" and "same day" cancellation fee. Repeated missed appointments may result in dismissal from the practice.

Return Checks

The charge for a return check is \$25 payable by cash. This will be applied to your account in addition to the insufficient amount.

Completion of Medical Forms

There will be a \$15 charge fee for the completion of all forms, i.e. disability, school physicals, FMLA, etc; this includes "just a signature".

Walk-in

If you need an immediate appointment please call to schedule an appointment as it may be difficult to accommodate your request to be seen at that time. We will try to accommodate our walk-in patients when we have openings during that time, however if we don't have openings, and we have to double book our providers based on your request to be seen during that time there will be a \$15.00 walk in fee associated with this, along with your copayment amount at that time.

Outstanding Balance Policy

It is our policy that all past due accounts be sent three statements and a collection reminder letter. If payment is not made on this account, a single phone call will be made to try to make payment arrangements. If no resolution can be made, the account will be sent to the collection agency and possible discharge from the practice. Regardless of any personal arrangements that a patient might have outside our office, if you are over 18 yrs. of age and receiving treatments, you are ultimately responsible for payment of the service. Our office will not bill any other personal party. All costs associated with our collection efforts (including collection agency fee) will be passed on to you. This financial policy helps the office provide quality care to our valued patients. If you have any questions or need clarification of any of the above policies, please feel free to contact us.

Consent /Authorization for Treatment and to Release Information/ Disclosure Personal Information

I hereby agree that Highgate Medical Group, P.C. may perform care and treatment and may conduct such examinations, laboratory tests, and procedures as directed by my physician or treatment practitioner.

I hereby consent to the use and disclosure of my Protected Health Information by Highgate Medical Group, P.C. for purposes of treatment, payment and health care operations. Any release of my medical records and Protected Health Information will be made according to the state and federal regulations. I understand that Highgate Medical Group may release medical information to any third party which may be responsible for payment of my medical expenses.

I understand that I am financially responsible to Highgate Medical Group, P.C. for any balance not covered by the insurance carrier.

Assignments of Benefits

I hereby assign and authorize my insurance benefits to be paid to Highgate Medical Group, P.C.

I HAVE READ UNDERSTAND THE ABOVE POLICY