



Balance Medical Care

Thank you for choosing us as your primary care provider. We are committed to providing you with quality health care. This payment policy should answer your questions regarding patient and insurance responsibility for paying for our services. 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.

Insurance: We participate in many insurance plans. If you are not insured by a plan with which we participate, payment in full is expected from you at each visit. If you are insured by a plan with which we participate please provide our staff with an up-to-date insurance card. **Knowing your insurance benefits is your responsibility.** For example if you have Aetna or BCBS it is your responsibility to know if you need to choose a primary care provider (PCP). If you are seen by Dr. and never called your insurance to choose either one of them as your PCP, then you are obligated to pay the specialist copay (usually higher copay than PCP). Please contact your insurance company with any questions you may have regarding your coverage.

Co-Payments: All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. We accept credit cards, checks and cash. If you do not have the co-payment at the time of your visit you will not be seen. There is a **\$35 fee** for any returned check.

Deductibles: Some insurance companies require that the insured person must contribute on an annual basis a certain amount of money before the insurance will pay. Please advise our office if you know you have a deductible. If we find out that your insurance requires a deductible you will be charged a certain amount for each visit until you reach your deductible. For example it is well known that Medicare has a fixed yearly deductible amount might be covered by your secondary insurance.

Co-insurance: Some insurance companies require percentage participation where you and your insurance company share the responsibility for your medical bills by splitting the cost of your care. You may be billed a certain percentage for certain procedures such as vaccines, hair procedure, B12 injections or joint injection.

Non-Covered services: Please be aware that some of the services you receive may be “non-covered” or not considered reasonable or necessary by your insurer. For example certain insurance companies do not pay for annual physical exams or have guidelines on how often they can be performed. Some insurance companies do not pay for vaccines (ie Flu, Tetanus diphtheria etc). It is your responsibility to know your insurance benefits. You will be held responsible for payment of these services.

Coverage changes: Please notify our office if you have any change in your insurance. If your insurance changes and we cannot submit your claim in a timely manner in order to get reimbursed for our services then you will be responsible for the balance.

If this account is referred to a collections agency for nonpayment an additional 30% fee will be added to the balance. I agree to pay a \$35 cancellation fee if I cancel my appointment with less than 24 hours notice.

Signature of Patient or Responsible Party

Date