



FINANCIAL POLICY

Thank you for choosing us as your care provider. We are committed to providing you with quality and affordable health care. This billing process notification is developed to assist you with understanding your rights and responsibility when receiving services with HonorHealth Medical Group.

Insurance: HonorHealth Medical Group participates in most insurance plans, including Medicare. If you are not insured by a plan, payment in full is expected at each visit. If you are covered by a participating plan, but you are either missing an updated insurance card or you cannot provide a policy and group number, you will be responsible. You will be asked to pay for your visit in full until our office can confirm your coverage. Knowing your insurance benefits is your responsibility. Please get in touch with your insurance company with any questions regarding your coverage.

Proof of Insurance: All patients must confirm and complete a patient information form before being seen. We must obtain a copy of your driver's license and current valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information promptly, you may be responsible for the balance of a claim.

Non-Covered Services: Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by your insurers. You will be billed for these services.

Change in Insurance Plans: you are expected to notify our office if your insurance coverage changes. We will ask you to update your record at each visit to our office. It is also your responsibility to notify the office immediately if these changes. Balances left over 90 days will become the responsibility of the patient. Insurance carriers give us a 90-day period to submit claims to them for payment. After that time, it will be denied as past timely filing. If we cannot process your claim due to incorrect information, we will bill you directly for our services.

Claims Submission: We will submit your claims and assist you in any way reasonable to help get your claim paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. If payment is denied due to a lack of response from you, the balance will immediately become due and payable by you. Your insurance benefit is a contract between you and your insurance company. We are not a party to the agreement between you and your insurance company.

Payment is required at the time of service: Patients who are not covered by health insurance, on a plan that we do not participate with, or if we cannot verify coverage, will be required to pay at the time of service. Patients who have plans that we do participate with are asked to pay their co-payment, co-insurance, deductibles, or non-covered services at the time of their visit.

Self-Pay: We want to provide uninsured patients with quality and affordable health care. Most of our billed charges will be discounted for self-pay patients. Payments must be made in full at the time of service before leaving the office. No further discounts will be given. This discount does not apply if insurance is or has been billed. The self-pay discount does not apply to co-pays, deductibles, or non-covered services.

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Nonpayment: Should your account become 90 days delinquent, you will receive a letter that you have ten days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated with a member of our business office. Please be aware that if a balance remains unpaid, we will refer your account to a collection agency. The patient or guarantor will be responsible for all collection costs, including attorney fees, collection fees, and contingent fees to collection agencies of not less than 35%. The contingency fees will be added and collected by the collection agency immediately upon our referral of your account to the collection agency of our choice.

Third-Party Billing: We do not do third-party billing, follow-up, or related activity. If a third party may be involved, it will be the patient's responsibility to seek reimbursement. Patients involved with a third-party payer will be expected to provide health insurance. If uninsured, the account will fall under the self-pay guidelines.

Minors: For all services rendered to minor patients, the patient or guardian who brings the patient to the appointment is responsible for payment.

Telemedicine/Telehealth Services: Video visits, telephone visits, E-visits (MyChart messages) These above services follow the same financial policies as in-person office visits. When a patient consents to Telemedicine/Telehealth services, the patient will be required to consent to any associated financial responsibility.

Automated Dialing Technology: All phone numbers, including cell phone numbers provided by me during the registration, billing, follow-up, or collection process may be dialed using automated dialing technology. This includes wireless phone numbers that could result in a charge to me. HonorHealth may also contact me via email using the address I provide. Text messages may also be sent to the cell phone number I provide.

By signing below, I certify that I have read this Financial Agreement and understand my responsibilities. If my insurance company denies payment for services, I receive at HonorHealth, I agree to pay for such services.

Date: _____ **Time:** _____ **Patient:** _____

If signed by someone other than the patient, indicate the relationship:
