

FINANCIAL POLICY

We are dedicated to providing the best possible care and customer service for you. We want you to understand our financial policy so that we can work collaboratively to achieve reimbursement for services we rendered for you.

- ❖ Payment on services billed to an insurance carrier will be due 60 days from the date the claim was submitted to the insurance carrier listed on the billing information provided by the Hospital.
- ❖ Patients without insurance will be billed directly and are required to pay the balance on their account.
- ❖ We do not charge interest on accounts but we expect accounts to be paid within a year of the initial service provided. For your convenience, we accept Visa and MasterCard. We recognize that accounts with exceptionally large balances may require an extended payment period. Please contact our billing office for further details and to set up your payment plan. Note that once we agree to a payment plan, you have committed to make monthly payments. *We reserve the right to send your account to collections without notice if you miss a payment without communicating with our office.*
- ❖ Keep in mind that your insurance policy is a contract between you and your insurance company. As a service to you, we will file your insurance claim. If you have more than one insurance plan, be sure we know who they are; we will file secondary and tertiary insurance claims for you if notified promptly. If your insurance company does not pay the claim by 90 days of the submission date, we will look to you for payment. If we receive a payment from your insurer resolving your account creating an overpayment, we will refund you any amount you have paid us.
- ❖ We expect that if you have a co-pay or deductible that you will make payment on that amount upon receipt of the billing statement.
- ❖ Not all insurance plans cover all services. In the event your insurance plan determines a service to be “not covered,” or over their “allowable” amount, you will be responsible for payment of the balance remaining.
- ❖ If you are unable to meet your financial obligation, you may make financial arrangements with our office or apply for charity. Please do so before your account is in arrears. If you are granted charity and neglect to adhere to your payment plan, your account will be sent to collections with the original (pre-charity) amount due.
- ❖ To avoid collection activity, payment in full is due upon receipt of the billing statement.
- ❖ **NorthStarr accepts all insurance plans, including private insurance plans however, we are only contracted with Medicaid, Medicare, VA and Tricare.**

I have read and understand this office financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

Please **PRINT** Patient Name: _____

Sign: _____