

GLENDALE AREA MEDICAL ASSOCIATION, INC.
850 Main Street
PO Box 375
Coalport, PA 16627
(814) 672-5141

FINANCIAL POLICY

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy, or your responsibility.

-All patients must present insurance cards for each visit and complete our Patient Information Form before seeing their provider. This information must be true and correct. Your misrepresentation of this information will lead to dismissal as our patient.

-Full payment for self-pay, non-covered, and non-participating insurance is due at the time of service.

-We accept cash, checks and Visa/MasterCard.

Regarding Insurance

Today's changing environment has made it very difficult for us to participate with all insurances. Ultimately, it is the patient's responsibility to know your plan and coverage. If you have insurance, we will bill on your behalf. However, you are responsible at the time of service for your co-pay. We participate with both Medicare and Medicaid, once again; there are some plans and products within this specific group that we may not be included as a panel provider. Below is a very partial list of some of the local plans that we participate with:

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|----------------------------------|------------------------------|
| -Aetna (Conrail) | -Keystone Health Plan West |
| -Blue Cross/Blue Shield | -Medicaid |
| -Capital Blue Cross | -Medicare |
| -The Family Care Network | -Preferred Healthcare PPO |
| -Geisinger Health Plan | -United Healthcare (Conrail) |
| -Health America/Health Assurance | -UPMC |

If you have insurance with a carrier not listed above, we will bill your insurance as a courtesy. Billing your insurance does not imply that we participate or accept their payments as payment in full for our services.

Insurance is a contract between you and your insurance company. We are NOT a party to this contract in most cases. (We will inform you if we are a party to your insurance contract, and will handle your claims according to our agreement with the insurance company, if one exists.) We file insurance claims as required by our agreements with the above listed carriers. We are not obligated to bill or accept payment from secondary insurances. Our Medical Director and Administrator will review disputes

regarding non-covered services and/or denied claims due to initial visit assessments and diagnosis.

We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, usual & customary charges, etc., other than to supply you with factual information as necessary. ***IF YOUR INSURANCE DOES NOT PAY US WITHIN 90 DAYS OF SUBMISSION, YOUR ACCOUNT WILL BE TURNED OVER TO SELF-PAY. YOU WILL HAVE 60 DAYS TO SATISFACTORILY SETTLE THIS BALANCE. ANY BALANCE NOT PAID WITHIN 150 DAYS WILL BE TURNED OVER TO AN OUTSIDE COLLECTION AGENCY. You are responsible for the timely payment of your account.***

Sliding Fee Program

As a grant recipient of the Public Health Service, we offer a discount on provider services. This discount is in accordance with 42 CFR Part 51. C 303, and is based on the “Annual Revision of Poverty Income Guidelines”. To be eligible for this program, patients must complete eligibility for and receive pre-authorization. You must also present proof of income. To stay in accordance with federal standards, **complete payment** must be made the day of service to receive the reduced amount. Eligibility will be reviewed as determined by the front office.

Patient Responsibilities

All Patients must have current insurance information with them for each visit. Co-payments will be required prior to your office visit. Our office may refuse to see you without these. Patients should thoroughly understand their insurance and what services are covered and what services aren’t covered.

Worker’s Compensation

Patients requiring treatment for work related injuries must have employer occupational injury reports. The front office must be notified during each visit that the visit is for compensation. Should you not have a occupational injury report, the office will require you to have your employer contact us **within 24 hours**.

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

Name of Responsible Party (Please Print) _____

Responsible Party Signature _____ Date _____

This policy will be in effect as long as you remain our active patient.

Witness _____ **Date** _____