

FINANCIAL POLICY

The purpose of this Financial Policy is to help understand our billing and payment policies for our professional services. We ask that you read and acknowledge the following with your signature.

- All patients should provide accurate and complete personal demographics and insurance information prior to being seen by the provider. All insurance cards **should be** shown at each and every visit.
- All applicable co-payments and balances, both current and prior, are due at the time of service.
- We accept cash, check, Visa, MasterCard, American Express and Discover credit cards.

Regarding Insurance

Our practice participates with many health insurance companies. It is your responsibility to comply with any predetermination of benefits or referral requirements. Please be aware that some or all of the services provided may be non-covered by your insurance company. Our billing department will submit a claim to the insurance company on your behalf. If you are a member of an insurance company that we do not participate in, we will request payment in full at the time of service.

If your plan assigns a PCP (primary care physician) to you and we are **not** your PCP, we will not file a claim with the insurance company (i.e. HMO).

You are responsible for contacting our office to request a referral or authorization required by your insurance company. This request should be submitted within 72 hours prior to the date of the office visit or procedure because of the processing time needed to obtain a referral or authorization. We must participate with your insurance company to obtain a referral or an authorization.

In the event of personal financial hardship, Medical Associates of the Lehigh Valley, PC can offer special financial arrangements, including payment plans. Financial documents could be requested for any financial hardship.

Billing Statements

A billing statement for any balance due for services rendered will be sent to you on a monthly basis. If you cannot pay the balance in full, please contact our billing department to make payment arrangements (610-973-1410).

Returned Checks

If a personal check is returned from your bank for any reason, your account will be charged a **\$20.00** return check fee.

Past Due Accounts

Accounts that are past due **could be referred** to our Collection Agency.