



# Payment Policy

Thank you for choosing Harmony Health Medical. This policy addresses your and our responsibility for all services rendered. Please read this policy carefully and ask any questions that you may have.

## Questions or Concerns

If you have any questions or concerns about this policy, claims, and or billing please call our billing department during regular business hours 9:00 am – 6:00 pm Monday – Friday at (629) 229-3936.

## Insurance

We participate in many insurance plans, including Medicare. If you are not insured by a plan that we do business with, payment in full is expected at each visit. If you are insured by a plan that we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. If your plan is processed by an insurer that we do not do business with, you will be responsible for the full visit. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

## Outstanding Balances, Co-pays, and Deductibles

We will collect all outstanding balances, co-pays, and deductibles at your appointment. Failure to pay your balance, co-pay, or deductible in full will result in a hold on all future appointments unless they are on an emergency basis. You will not be able to schedule or attend an appointment until the balance is paid. In the case of financial hardship, you may contact our billing department for a payment plan.

## Non-covered Services

Please be aware that some – and perhaps all – of the services you receive may be noncovered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.

## Proof of Insurance

All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

## Claims Submission

We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.



### Coverage Changes

If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

### Nonpayment

If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our providers will only be able to treat you on an emergency basis.

### Payment Plans

In the case of financial hardship, or significant balances, you may request to participate in a payment plan. To make this request, contact our billing department at (629) 229-3936.

### Missed Appointments

Our policy is to charge for missed appointments not canceled within a reasonable amount of time. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

\_\_\_\_\_, understand Harmony Health Medical's payment policy and agree to the terms of the policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date: