

## Park Medical Associates, LLC Financial Policy

Thank you for choosing Park Medical Associates as your medical provider. Park Medical Associates is committed to providing all patients with excellent patient services and affordable healthcare. Please read the following to inform you of our current financial policies and sign in the space provided. A copy will be provided to you upon request.

1. **Insurance:** The physicians at Park Medical Associates participate with Johns Hopkins EHP, Cigna, Carefirst BlueCross BlueShield, and Medicare. You may incur a higher bill if you are not insured by a plan we participate in. It is the patient's responsibility to provide the office with current insurance cards and to inform the office of any changes in insurance. We file claims to most insurances on your behalf. However, you are ultimately responsible for payments to Park Medical Associates. Don't hesitate to contact your insurance company with any questions regarding your coverage.
2. **Co-payments, Co-insurances, and Deductibles:** All co-payments, co-insurance, and deductibles must be paid on the day of service. Our practice cannot waive co-payments, co-insurance, and deductibles. This arrangement is part of your contract with your insurance company. The patient is responsible for any non-covered services determined by your insurance plan (including forms). Payments are payable with cash, check (no foreign checks), or credit card (VISA, MasterCard, Discover, AMEX). Any checks returned by your bank will be charged a \$25.00 fee.
3. **Non-Covered Services:** Please be aware that some or all of the services you may receive may be noncovered or not considered medically necessary by your insurance company. Please contact your insurance company with any questions regarding your coverage. Any unpaid balances are the patient's responsibility.
4. **Proof of Insurance:** All patients must complete our patient information forms before seeing any physicians. The practice must obtain a copy of your current insurance cards and a valid driver's license. Failure to provide this information will result in delayed or unpaid claims.
5. **Claims Submissions:** Park Medical Associates 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.
6. **Past Due/Non-Payments:** Any past-due balances must be collected before scheduling new appointments. If your account is over 90 days past due, you will receive a letter stating that you have 30 days to pay your account in full. Partial payments will only be accepted if otherwise negotiated. We refer your account to a collection agency if a balance remains unpaid.
7. **Missed Appointments and Cancellations:** Park Medical Associates reserves the right to charge a \$75.00 fee for any no-show appointments and appointments canceled within 24 hours. These charges will be your responsibility and will be billed directly to you. Please help us serve you better by keeping your regularly scheduled appointment.

I, \_\_\_\_\_, have read and understand Park Medical Associates' financial policy and agree to abide by its guidelines:

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