

Thank you for choosing our network of physicians. The well being of our patients and a successful outcome of medical and surgical care is our highest priority. Understanding and meeting your financial obligations in connection with your care is an important part of this relationship.

**PATIENTS COVERED BY HEALTH INSURANCE:**

- It is your responsibility to know your Plan benefits and limitations.
  - Non-covered and excluded services are your financial responsibility.
  - A valid insurance card must be presented at each visit.
- Participating Insurance Plans – are plans with whom we have a signed agreement. You are responsible for all co-payments, co-insurance and deductibles. As required by your health insurance plan and our agreement with them, your copay is due and payable at the time of your visit.
  - Non-participating Insurance Plans – are plans with whom we do not have a signed agreement. You are responsible for payment of your total charges at the time of your visit. We will submit a claim to your carrier on your behalf; your carrier should reimburse you according to the terms of your contract. If we should happen to receive an insurance payment on a non-assigned claim which would create a credit on your account, we will refund the designated responsible party.

**SELF PAY PATIENTS:**

- Patients without health insurance.
- Patients who have exhausted their current insurance benefits.

Payment in full is expected at the time of service. Self pay patients residing in New York or Connecticut are eligible for a discounted fee schedule which we provide.

If you are experiencing difficulty in paying your balance we offer two options; 1) payment plan or 2) financial assistance.

Methods of payment: We accept cash, check, credit card and money order.

Return check fee: If your check is returned to us by your bank your account will be assessed a fee of \$36.00.

**PAST DUE BALANCES and DELINQUENT ACCOUNTS:** A past due balance is any account balance remaining 21 days after the first statement is sent. You will be notified by monthly statements and/or other correspondence regarding any balance on your account. Failure to resolve an outstanding balance could result in referral of your account to an outside collection agency. Health Quest or its collection agency shall be entitled to claim as damages the amount of any unpaid account balance as well as attorney's fees associated with the litigation.

**RESPONSIBLE PARTY:** In cases of divorce or legal separation, the individual who receives the care is responsible for payment. In child custody cases, the parent who brings the minor child to the appointment is responsible for payment.

**CANCELLATIONS and MISSED APPOINTMENTS:** Kindly provide us 24 hours notice if you must cancel or reschedule your appointment. While we will always attempt to accommodate all patients if you arrive more than 15 minutes late for your appointment we may be required to fit you back into the schedule for the day or reschedule your visit whichever is more convenient for you. If there is a pattern of missed appointments, we reserve the right to offer same-day appointments only.

**CONTACT INFORMATION:**

For questions regarding your healthcare please contact your physician directly.

For questions regarding your statement, payment plans or financial assistance: Patient Call Center 845-475-9660