



# NORTHWOODS Family Medicine

**ADAM GREATHOUSE, DO**

**DON SMITH, PA.**

## Northwoods Family Medicine Billing and Payment Policy

As a courtesy to you our patient, we will bill your insurance and accept assignment of benefits for most insurance companies. However, it must be understood that the contract is between the patient and the insurance company. The patient is fully and ultimately responsible for any and all charges that are not paid by the insurance company. Our office policy regarding insurance claims is as follows:

- It is the patient’s responsibility to provide us with complete insurance and billing information at the time of service. If this is not available, the fees must be paid at time of service.
- The patient is required to pay their portion at the time of service. This includes deductibles, co-pays, co-insurance and non-covered services.
- We cannot guarantee the amount that your insurance company will pay or what they will cover. Any unpaid balance after 90 days from the date of service will be the patient’s responsibility to pay. It is the patient’s responsibility to be familiar with their insurance.
- We will not go into dispute with any insurance company over a claim. This is the patient’s responsibility and obligation to resolve. If a dispute over payment goes beyond 90 days, the patient must pay all balances. If we eventually receive payment from the insurance company, we will refund your portion.
- Any balances not paid after 90 days from date of service will be turned over to a collections agency. The patient’s credit rating will be affected, and the patient is responsible for any collection fees.
- A charge of \$30.00 will be assessed for any returned checks.
- The patient may make payments over the 90 days from the date of service, without an interest charge. We do not offer other payment plans.
- Patients with unpaid balances over 90 days will be denied services, except in the case of an emergency, until those balances are paid in full.
- All Medicaid and Denali Kid Care recipients are required to provide proof of coverage for the current month and a \$3.00 co-pay is due at the time of service if the patient is over 18 years of age and seeing D.O. or M. D.

Patients without insurance coverage must pay in full at the time of service. The normal office visit charge will be collected before services are provided, and any additional charges will be collected at the end of the visit. We also offer a 15% discount for self pay patients.

I have read, understand and agree to the above policies.

\_\_\_\_\_  
Patient or Responsible Party Signature

\_\_\_\_\_  
Patient’s Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Date