

FINANCIAL POLICY

Acorn Health Associates, P.C. wants to provide our community with healthcare services and, at the same time, keep costs under control. To do this, we need your help. We ask you to read our payment policy listed below:

- Your bill is based on the services you received. You are responsible for paying the bill if your insurance company does not cover all the costs.
- What your health insurance covers is based on an agreement between the company, or person who employs you, and the insurance company.
- You need to contact your insurance company with any questions about what they will cover.
- We know that temporary financial problems can sometimes prevent you from making a payment on your account on time. If this happens, you need to contact us at once so we can help you with this problem.
- Any bill not paid by the date it is due, without prior arrangements to create a payment plan, will be sent to a collection agency.

IF YOU DO NOT HAVE HEALTH INSURANCE

Your Responsibility

- You must pay your entire bill at the time of service. If you do not pay we will begin collection efforts.

Our Responsibility

- We are willing to talk to you about ways to create a payment plan if you cannot pay the full amount.

IF YOU HAVE HEALTH INSURANCE

We participate with some insurance companies. This means we have signed a contract with them to provide care for the people they cover. The contracts are not all the same, and certain services may not be covered depending on your employee health benefits.

If we DO participate with your insurance plan (including Medicare):

Your Responsibility

- You must pay any co-payment at the time you receive the service.
- You must pay any deductible amount or any amount that you know is not covered at the time of service.
- You must pay the amount not paid by your insurance with 18 days of getting your bill, except for those from whom Acorn Health Associates, P.C. can not collect by law or agreement. If you do not pay we will begin collection efforts.

OUR Responsibility

- We will send a bill to your insurance company for all services done in our offices.

If we DO NOT participate with your insurance plan:

Your Responsibility

- You must pay for the service at the time it is given. To make it simple, our office accepts cash or checks. We will charge you a \$25.00 fee for any returned checks.

Our Responsibility

- After you have paid us, we will give you a receipt that you may submit to your insurance company for reimbursement.

STATEMENT OF FINANCIAL RESPONSIBILITY

The patient who receives care and treatment from Acorn Health Associates, P.C. must pay any charges that are not paid by insurance or any other party.

The patient must pay any amount not paid by insurance, within 18 days of getting the bill. If Acorn Health Associates, P.C. needs to use a collection agency or attorney to collect the unpaid amount, the patient may be charged for all fees and costs to Acorn Health Associates, P.C. by the agency or attorney.

A COPY OF THE ACORN HEALTH ASSOCIATES, P.C. FINANCIAL POLICY WAS GIVEN TO THE PATIENT.

(Pt./Guarantor Initials)

(Date)

Print Patient's Name

Patient's SS Number