

CEDARS HEALTH, LLC

PAYMENT POLICY

Thank you for choosing Cedars Health. We are committed to providing you with quality and affordable health care. Our practice financial policy is as follows:

1. Insurance. We participate in most insurance plans, including Medicare and Medicaid. If you are not insured by a plan we do business with, payment in full is required at each visit. If you are insured by a plan we do business with but don't have an up-to-date insurance card, payment in full for each visit may be required until we can verify your coverage. *Knowing your insurance benefits is your responsibility.* Contact your insurance company directly for any questions regarding your coverage. By signing this form, you authorize Cedars Health, LLC to release the necessary information in order to complete and process your insurance claims.

2. Workers Compensation. We participate in Wyoming Workers Compensation. We will submit your Workers Compensation claims with the necessary paperwork. You are required to call us with your case number as soon as the Workers Compensation office assigns one to you. *If your Workers Compensation claim is denied, payment is your responsibility.*

3. Co-Payments and deductibles. All co-payments, co-insurance, and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company.

4. Non-covered services. Some and perhaps all the services received may not be covered by your insurance or not considered reasonable or necessary by your insurer. "Non-covered" may become your financial responsibility and payment in full for these services is generally due at each visit.

5. Updates. Our staff will ask you to verify your billing information at each and every visit. Current information is essential in order for us to contact you regarding your treatment and for obtaining timely payment from your insurance company.

6. 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 in a timely manner 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.*

7. Coverage Changes. If your insurance changes, please notify us as soon as possible so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 90 days, the balance will be billed to you.

8. Non Payment. If you have not made payments to your account and if there has been no attempt to contact our office with financial arrangements, it may be assigned to a collection agency after 90 days of no payment on account.

9. Payment Plans. Contact our office and speak with the Office Manager or Payment Specialist if you need to review your financial status or make payment arrangements.

10. Returned checks (NSF). You will be charged a \$30.00 processing fee for any personal check returned for nonpayment.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of Responsible Party: _____ Date: _____

Name of Responsible Party: _____ Name of Patient: _____