FINANCIAL POLICY

Thank you for choosing Glacier Medical Associates as your health care provider. We are committed to providing the best treatment possible at a fair price. Your clear understanding of our Financial Policy is important to our professional relationship. Our business office will answer any questions about our fees or your financial responsibility. Please call 862-2515 and ask to speak with our helpful Financial Services Department.

Your Financial Responsibilities
You are ultimately responsible for the payment on your account. Our practice will file insurance claims for all reimbursable services to both your primary and secondary insurance carriers that are in-network. Please remember that you are responsible for copayments, co-insurance, deductibles and non-covered services. We accept payment by cash, personal checks, Visa, MasterCard and Discover. You will receive statements from our office for account balances that are your responsibility; this balance is due within 30 days. If the patient portion of your account is not paid in a timely manner, collection efforts will be made. You understand that should you default on payment of your account and collections services are retained, all costs of collections including your current account balance and any attorney/court cost will be added to the total amount due.

Health Insurance
It is your responsibility to understand your insurance coverage and benefits. Our practice participates with most private insurance plans. Please provide us with your complete insurance information, and bring your insurance card to all of your appointments. As a courtesy, we submit the claim on your behalf and make every effort to resolve any billing problems that arise. Your insurance requires that we collect your designated co-pay at the time of service. **Please be prepared to pay these at each visit along with any outstanding balances. Referrals and Pre-Authorization:** It is the patient's responsibilities to obtain referrals and pre-authorizations required by your insurance carrier and accept liability for charges should your insurance carrier deny benefits.

Medicare/Medicare Advantage
We will submit to Medicare for the Medicare allowed amount. You are responsible for the deductible, co-pay and co-insurance which may be billed to a secondary insurance if you have one. All patient balances remaining after Medicare and secondary insurance payment will be billed to you and will be due within 30 days. Signature approval on any/all Advanced Beneficiary Notice (ABN) services is legal and binding and will be the patient's responsibility in the event that Medicare denies payment for said services.

Workers Compensation
If you are injured through your employment, we will file your Worker's Compensation or Insurance Claim. You must provide us with a claim number, name of the carrier, date of injury, employer at the time of injury, and the part of the body injured to enable us to obtain proper authorization to provide treatment and submit your claim. Without this information, or if the claim is denied, you, the patient will be held responsible for all charges.

Accidents/Travelers/Out-of-Network
We do NOT bill third party insurance for accidents, including, but not limited to Motor Vehicle Accidents (MVA); nor, will we bill travelers/international policies including, but not limited to Canadian policies, foreign exchange student policies, Kaiser, Out-of-State Medicaid, etc. We cannot bill to out-of-network insurance or to the Veterans Administration. Patients are required to pay in full at time of service. We will provide the proper paperwork needed to submit to these claims to insurances for reimbursement. We reserve the right to lien patient recoveries from legal or insurance settlement for unpaid charges when permitted by law.

Self Pay
If you do not have insurance or out-of-network insurance, we expect payment in full at the time of service. If you cannot pay in full, you will need to meet with our Financial Services Department to establish payment arrangements with $75.00 down. Time of service discount available with levels of care pricing. Details available with estimate.

Disputed Claims/Visits
All disputes regarding claims and visits to Glacier Medical Associates must be submitted in writing to either the Provider seen or the Practice Administrator. Verbal disputes regarding claims or visits will NOT be considered.

Authorizations:
I authorize the release of any medical information necessary to process insurance claims.
I authorize my insurance benefits to be paid directly to Glacier Medical Associates, PC.
I authorize release of information to my employer if this is a work related condition
I authorize the release of information, granting permission to speak on my behalf in regards to financial affairs, including past due balances, to the following,

Name: _____ *Relationship:* _____ *Telephone* _____

Name: _____ *Relationship:* _____ *Telephone* _____

I have read, understand and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable co-pays and deductibles and durable medical equipment, are my responsibility and must be paid within 30 days unless other provisions are in place.

_____ _____
Patient Name Patient Date of Birth

_____ _____
Signature of Patient or Responsible Party Date