

Maria Pattavina, ARNP
Family Care
61 Summer Street
Keene, NH 03431

INSURANCE/PAYMENT POLICY

Payment for services is due at the time services are rendered unless our office manager has approved other arrangements in advance. We accept cash and personal checks.

We will be happy to file your primary insurance for you. If payment has not been received from your insurance within 60 days the amount due will be billed directly to you.

Patients are responsible at all times for deductible, co-payments, coinsurance, non-covered service and any service that has exceeded it's annual maximum at the time of service.

If you have an HMO, you must have a REFERRAL FROM YOUR PRIMARY CARE PHYSICIAN PRIOR TO YOUR VISIT WITH US. If you do not have a referral you will be responsible for all payments in full that your insurance refuses.

In the event should your account be turned over to our collection agency for non-payment, there will be a 30% increase added to your balance to defray the costs the collection agency charges us.

Any appointments that are not canceled with 24hrs will be charged a \$65.00 office visit. This will be the patient's responsibility and not submitted to your insurance.

PLEASE KEEP IN MIND

1. Not all services are covered benefits with all contracts. Each insurance company has unique criteria for non-covered services.
2. Many insurance companies require precertification for certain procedures especially in the outpatient surgery. Please call your insurance for verification prior to treatment.
3. We must emphasize that as medical care providers, our relationship is with you, the patient, and not your insurance company.

I have read and understand the above Insurance/Payment Policy.

Signature (responsible Party) Date _____