2024 FINANCIAL POLICY

We are pleased you have chosen our practice as your healthcare provider. It is our goal to provide you with the highest quality healthcare services possible.

The purpose of this Financial Policy is to help avoid misunderstanding about billing and payment for our professional services and to help us to provide the best possible medical care while controlling administrative costs. The following is a statement of our financial policy, we ask that you read and acknowledge with your signature.

- All patients should provide **accurate** and complete personal and **insurance information prior to being seen by the provider**. All insurance cards should be shown at each and every visit.
- All applicable co-payments, personal balances, both current and prior, are **due at the time of service**.
- We accept cash, check, Visa, Master Card, Discover and American Express credit cards.

REGARDING INSURANCE

Our practice participates with many health insurance companies. It is your responsibility to comply with any pre-determination of benefits or referral requirements. Please be aware that some, and perhaps all of the services provided may be non-covered services per your insurance plan. Our billing department will submit a claim for any services rendered to a patient who is a member of our participating insurance plans. **If a patient is a member of an insurance plan with which we do not participate, our office will also file a claim on the patient's behalf, however, you are ultimately responsible for any non-covered balance.**

It is your responsibility to notify our office when your insurance changes or a new card has been issued.

You are responsible for contacting our office to request a referral or authorization required for any visits your insurance deems necessary. **This request should be submitted at least 48 hours prior to the date of the office visit due to the time needed to process your referral request.**

In the event of a personal financial hardship, Medical Associates of the Lehigh Valley, PC, is able to offer special financial arrangements, including payment plans. Financial documents will be requested for any financial hardships.

BILLING STATEMENTS

A billing statement covering any balance due for services rendered will be sent to you on a monthly basis. If you cannot pay the balance in full, please contact our billing department to make payment arrangements at 610-973-1410.

RETURNED CHECKS
If a personal check is returned from your bank for any reason, your account will be charged a **$20.00** return check fee.

PAST DUE ACCOUNTS
Accounts that are past due **will be referred** to our Collection Agency and may be **subject to dismissal from our practice**.

CHILDREN ACCOUNTS
An adult accompanying a child under 18, and/or the parent or guardian of a child is responsible for payment according to terms described above. We do not get involved in any custody arrangements for payment.

COMPLETION OF FORMS
When requesting the completion of forms at a time other than your office visit, please be aware that your physician reserves the right to charge a fee depending on the complexity of the form.

MISSED APPOINTMENT FEE
If you miss an appointment, a $30.00 charge may occur.

COPYING MEDICAL RECORDS
Please be aware that we reserve the right to charge a medical records copying fee in accordance with PA Act 26. We do not seek to make a profit on providing medical records, but rather to recover our costs for copying them.

I authorize and assign insurance benefit payments directly to LVPG MATLV for any medical services I receive. I understand and agree that I am ultimately responsible for the charges on my account for any professional services rendered that is not covered by my insurance company.

I have read the Financial Policy. I understand and agree to the Financial Policy.

Print Patient Name

Print Guardian Name (If applicable)

Signature of Patient or Guardian

Date