



### Financial Policy

The staff at The Whittier Pavilion Outpatient Clinic recognizes that figuring out and paying medical bills can be a confusing and stressful process. In our efforts to effectively communicate our expectations to you, The Whittier Pavilion Outpatient Clinic has outlined its policies below. We are a facility based practice and depending on your insurance, you may receive two separate bills, one for facility charges and one for professional fees. Please contact us with any questions regarding your bill at 978-556-6230. Our goal is to provide cost effective care and NOT to provide care to collect money.

#### **I. For Our Patients with Health Insurance Coverage**

- A. Types of Insurance.** The Whittier Pavilion Outpatient Clinic is pleased to bill your health insurance carrier as a courtesy to you. We accept assignment for Medicare and Medicaid (MassHealth) and many health insurance plans (including, but not limited to, HMO, PPO, MCO). You are responsible for any co-insurance, co-payment or deductible that may be applicable. It is your responsibility to inform The Whittier Pavilion Outpatient Clinic of any changes to your insurance coverage. If we are not notified of a change in insurance, insurance reimbursement may be denied, and in such case, you agree to be responsible to pay all denied claims and costs associated with your account, including costs that might otherwise be covered by your insurance. *Your plan may require you to obtain a referral from your primary care physician and it is your responsibility to obtain the referral prior to receiving the services.*
- B. Non-Covered Services.** Please be aware that many insurance plans (including MEDICARE) **do not** cover some services. While we are happy to submit the bill to your insurance carrier, you may be responsible for payment of this type of service, in full, if it is not covered under your policy. We are sensitive to the financial burden this may place on some of our patients, however, neither our providers nor our business office can misrepresent your non-covered services in an effort to obtain reimbursement from your insurance company; insurance fraud is against the law.
- C. Patient/Guarantor Responsibilities.** The Whittier Pavilion Outpatient Clinic, like most health care providers, considers the “guarantor” to be the person who requested care for the payment for medical service provided to the patient. It is the guarantor’s responsibility to:

- Ensure that coverage is in effect at the time of services provided and remains in effect throughout the services.
- Provide The Whittier Pavilion Outpatient Clinic, at the time of your first visit and as soon as there are changes, with the correct insurance company name, address, policy and group numbers and other information known only to the subscriber and/or patient that the insurance carrier needs to process the bill.
- Pay any co-payment(s) at the time of your visit.
- Pay all balances due upon your receipt of your first statement from The Whittier Pavilion Outpatient Clinic indicating that an insurance carrier has:
  1. Paid its share (*i.e.* deductibles, co-insurance and over the usual & customary amounts are the guarantor's responsibility).
  2. Denied a claim for any reason (if coverage was not in effect, the service wasn't covered, etc.)
  3. Failed to respond to our submitting the claim for more than 60 days.

## **II. For Our Patients Without Health Insurance**

Patients without health insurance are expected to pay in full for services at the time they are rendered by cash, credit card, or check.

## **III. Billing for Service Related to Automobile and Other Liability Cases**

Because of the extreme delays of payment usually associated with billing for services related to automobile and other liability cases, The Whittier Pavilion Outpatient Clinic regrets that it cannot bill third parties in such cases. For the same reason, The Whittier Pavilion Outpatient Clinic also cannot suspend our normal billing and collection policies and practices when the services rendered relate to one of these cases. The Whittier Pavilion Outpatient Clinic is happy to bill your health insurance carrier or guarantor. If needed, please see the Patient without Health Insurance and Making Payment Arrangements included in this Financial Policy.

## **IV. Worker's Compensation.**

For services rendered related to on-the-job injuries and illness, The Whittier Pavilion Outpatient Clinic will bill your employer's worker's compensation insurance carrier and follow all other procedures as required by the worker's compensation laws in your state. If, at some point, the appropriate authorities have determined that your

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illness or injury is unrelated to your work, The Whittier Pavilion Outpatient Clinic will bill your regular health insurance or you in accordance with our financial policies.

**V. Methods of payment**

The Whittier Pavilion Outpatient Clinic accepts any of the following so that you may pay your bills:

1. Cash
2. Personal check. An additional fee of \$25.00 will be added to your balance in the event you have insufficient funds to cover the check.
3. Credit card. We accept Visa, MasterCard, AMEX or electronic wire transfer from your financial institution.

**VI. Responsibility of Family Members Under Applicable Laws**

Massachusetts law makes it a criminal act for a child over the age of 18 to unreasonably refuse or neglect to support a destitute aged, infirm or ill parents who lives in Massachusetts when the adult child has sufficient means to provide such support . M.G.L.A. 273 Sec. 20. Please be aware that The Whittier Pavilion Outpatient Clinic will seek to have violators of this statute prosecuted to the full extent of the law. In addition, The Whittier Pavilion Outpatient Clinic will also report to authorities and address in a civil lawsuit, if appropriate, any misuse or misappropriation of patient funds, including social security monies.

**By signing this, I acknowledge and agree that I understand and accept the terms as written.**

Patient Signature: \_\_\_\_\_ Date/Time \_\_\_\_\_

Patient Printed Name: \_\_\_\_\_

Guarantor Signature (if applicable): \_\_\_\_\_ Date/Time \_\_\_\_\_

Guarantor Printed Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date/time: \_\_\_\_\_

Witness Printed Name \_\_\_\_\_