

Payment Policy

Thank you for choosing Grand Health Partners for your surgical and medical weight loss needs. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. You can keep the explanations for your records and turn in the signature page with all other paperwork.

1. Insurance: We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. Grand Health Partners does offer a discount to self-pay patients who pay at the time of service. If you don't pay at the time of service, you don't receive the discount.

2. Proof of insurance: All patients must complete our patient demographic form and insurance carrier coverage form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

3. Non-covered services: Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit. Grand Health Partners does offer a discount to self-pay patients who pay at the time of service. If you don't pay at the time of service, you don't receive the discount.

4. Co-payments and deductibles: All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. **All co-payments are patient responsibility until their max-out of-pocket has been met.** Most medical insurance policies have deductibles that must be met before your health insurance starts to cover a larger portion of your bills. If deductibles have not been met, we will try to inform you prior to your appointment and you will be expected to pay for services performed on the date of service. **You will not be scheduled for surgery until all balances due are paid in full.**

5. Food supplements for surgery patients: You will need to be on GHP food supplements 2 weeks before and after surgery. Pricing will vary depending on which products are purchased. The average total cost of food is \$300. Payment is due at the time of purchase. The product is not returnable or exchangeable. We encourage you to pay towards your food at each visit so that the cost is more manageable than paying it all at the time of surgery. If you pay \$15 to \$25 per visit, the funds will be applied as Payer Credit. When you go to the GHP store to purchase your food, you inform the cashier that you would like to use your payer credit to pay for your food. Any excess funds can be applied to outstanding balances or refunded to you via check.

6. Payment types: We accept payments via cash, check, debit and credit cards. We accept Visa, MasterCard, Discover and American Express. For your convenience, we can securely store your H.S.A., debit or credit card information within your account. You can assign a maximum charge amount to your card.

7. 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 with their request. Most insurance contracts only pay a percentage of your claim after your deductible is met and you are required to pay the remaining balance due which is called coinsurance*. Grand Health Partners will apply the insurance payment received to your account and any coinsurance due will be billed to you. Please be aware that the outstanding balance of your claim is your responsibility. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

8. Coverage changes: If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

9. Nonpayment: If your account is over 60 days past due, you will receive a letter. If you do not make payment after receipt of the letter, you will receive a call from the Grand Health Partners billing department to discuss payment arrangements. Please be aware that if a balance remains unpaid after Grand Health Partners has attempted to collect payment via letters and phone calls, we may refer your account to a collection agency.

10. Missed appointments: Our policy is to charge \$25 for missed appointments not canceled at least 24 hours prior to the appointment. These charges will be your responsibility and billed directly to you. If you are more than 10 minutes late for your scheduled appointment, it may need to be **canceled and rescheduled**. If it is rescheduled for a different day, it will be considered a missed appointment not canceled at least 24 hours prior to the appointment. Appointments canceled less than 24 hours prior to the appointment and no shows are treated as missed appointments. If you miss three appointments, you may be discharged from our office, as we no longer feel you are willing to work with our providers. Please help us to serve you better by keeping your regularly scheduled appointment.

Definitions

In general, it works like this: You pay a monthly premium just to have health insurance. When you go to the doctor or the hospital, you pay either full cost for the services, or copays as outlined in your policy. Once the total amount you pay for services, not including copays, add up to your deductible amount in a year, your insurer starts paying a larger chunk of your medical bills, typically 60% to 90%. The remaining percentage that you pay is called coinsurance. You'll continue to pay copays or coinsurance until you've reached the out-of-pocket maximum for your policy. At that time, your insurer will start paying 100% of your medical bills until the policy year ends or you switch insurance plans, whichever is first.

Premium: A monthly payment you make to have health insurance. Like a gym membership, you pay the premium each month even if you don't use it, or you lose coverage.

Copay: Your copay is a predetermined rate you pay for health care services at the time of care.

Deductible: The deductible is how much you pay before your health insurance starts to cover a larger portion of your bills. In general, if you have a \$1,000 deductible, you must pay \$1,000 for your own care out-of-pocket before your insurer starts covering a higher portion of costs. The deductible resets yearly.

Coinsurance: Coinsurance is a percentage of a medical charge that you pay, with the rest paid by your health insurance plan, after your deductible has been met. For example, if you have a 20% coinsurance, you pay 20% of each medical bill, and your health insurance will cover 80%.

Out-of-pocket maximum: The most you could have to pay in one year, out of pocket, for your health care before your insurance covers 100% of the bill.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.



Payment Policy Agreement

I have read and understand the payment policy and agree to abide by its guidelines. I understand if I have any questions or concerns, I can call Grand Health Partners at 1.888.691.0050. If we are unable to answer any questions or concerns, you may need to follow-up with your insurance company. I understand that I can have a copy of this agreement upon request. ***We will need this agreement along with the other forms before we can schedule any further appointments with our office.**

Print of Patient's Name

Date of Birth

Signature of Patient or Responsible Party

Date