

FINANCIAL POLICIES FOR THE OFFICE OF ELIZABETH A MCMORRAN NP



Thank you for choosing our office for your child's psychiatric care. We are dedicated to providing the highest quality care that is convenient and affordable for our patients and their families. This financial policy is an agreement between Elizabeth A McMorran, NP and you, either the patient or the responsible party.

If we are providers for your insurance company, they will pay the portion of the cost of treatment which they cover and you are responsible for any deductibles, co-pays, or uncovered charges. Any charges are due at the time of service or the appointment will need to be rescheduled and there may be an additional charge for rescheduling if less than 24 hour notice is provided.

Please provide us with a current insurance card and billing information at each visit. It is your responsibility to know your insurance policy and benefits and to be familiar with your coverage. The staff is happy to assist you in this process but ultimately, it is your responsibility to know and understand the exclusions and limitations on your policy. Your insurance contract is between you, your employer (if applicable) and your insurance carrier. We do not set the fees, reimbursements, deductibles, covered services or excluded services, etc. Your insurance company does this.

If you have an HRA or Health Spending Account or any other type of reimbursement plan, please check with your insurance company prior to each appointment to make certain that there is money remaining in the account. Often times, the office staff is not able to access this information due to confidentiality reasons and if we do not know the limits, we will charge you the full amount at the time of the appointment.

A \$75.00 administrative fee will apply to all appointments which are cancelled without 24 hour notice. When you make an appointment, please understand that this is time that is reserved exclusively for you. We do not "overbook" or "double book" appointments. This allows us to avoid delays and provide you and your family with the best possible care. That is our commitment to you. Failure to cancel in advance will result in the cancellation fee being assessed to your account. If you do not provide 24 hours advance notice of cancellation for an initial 60 minute appointment, you or your child will not be rescheduled. If you do not provide 24 hours advance notice for follow up appointments, your appointment will NOT be rescheduled until that fee is paid.

It is the responsibility of the patient or guardian to know which medications are covered by their insurance prescription plan as each and every prescription plan is different. If NP McMorran prescribes a medication that is not covered on your insurance plan, we ask that you phone the pharmacy benefits plan and ask them what medications are covered that they consider equivalent and that do not need a prior authorization or will not cost you more money. You can then call us to inform us and NP McMorran will review the choices and let you know which she considers reasonable alternatives.

I, the undersigned, agree to pay any and all charges that exceed, or are not covered by insurance. I understand that copays, deductibles and non-covered charges are due at the time of service. I understand that I am financially responsible for all charges whether or not paid by my insurance company and this includes any charges for missed appointments or for appointments which were not cancelled with 24 hour advance notice. Patients who have a previous unpaid balance and wish to receive services are required to pay any outstanding balances in full as well as any copays, deductibles or co-insurance at the time of service. If the balance remains unpaid, you may be discharged from the practice.

By signing this form, you are acknowledging that you understand and agree to our financial and payment policies. Thank you for your cooperation in these matters.

Signature of Patient or Guardian or Legal Representative

Date