# PAYMENT POLICY

Thank you for choosing HALO Educational Systems LLC. Prompt payment for the services that you receive ensures that we can continue to provide you and our community with affordable, quality care. The following explains the guidelines and rules of our Payment Policy. Please read it, and feel free to ask us questions.

**ABOUT INSURANCE**

HALO participates with most insurance plans, including Medicare and Medicaid NH/VT. **Your insurance benefit is a contract between you and your insurance company; knowing your insurance benefits and co-pay amount is your responsibility.** You must contact your insurance company with any questions you may have about your coverage. Please be aware that you might be responsible for the entire amount of the bill, if your insurance company does not have a contract with HALO.

**Please note the following:**

1. **Co-payments** must be paid at the time of service. This arrangement is part of **your contract with your insurance company. Failure of HALO to collect co-payments from clients can be considered fraud**. Please help us in upholding the law, by paying your co-payment at each visit.

2. **If you have an active insurance card**, we will bill your insurance company. If any balance remains, we will bill you.

* 3. **If you do NOT have an active insurance card,** we will offer you financing company options (True Link) to help support your quest of wellness. Until we can verify credit extended, you will be billed for each visit, or until we can verify your insurance coverage.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

*HALO accepts personal checks, credit cards, and cash. HALO offers a Sliding Fee Scale, available to income eligible clients. A payment plan can be arranged before you make your appointment.*

**OTHER THINGS TO KNOW:**

* **Mutual/Dual Relationship.** Although clinicians vary, it is our ethical responsibility to disclose in writing that the managing director’s daughter is employed at HALO in the finance department. If you have a question or believe your privacy rights have been violated, you may request clarification from (Sherril Zani) 603-523-4501, town of Canaan, or the NHLADC Board (603) 271-2152 or express your concern in writing to U.S. Department of Health and Human Services, Office of Civil Rights, 200 Independence Avenue, S.W. Rm. 515 F HHH Bldg. Washington, D.C. 20201
* **IF YOUR INSURANCE CHANGES**, call us before your next visit. HALO will make the necessary changes to help you receive your maximum benefits. If your insurance company has not paid your claim in 45 days, HALO’s billing department will follow up with your insurance company, to find out why the claim has not processed.
* **PROOF of insurance** - HALO must obtain a copy of your driver's license and current valid insurance card to provide proof of insurance. If you fail to provide the correct insurance information in a timely manner, you will be responsible for the balance of a claim.
* **NON-COVERED services** - Please make sure that you know which services are covered by your health insurance. If you receive services at HALO that are not covered by your insurance plan, you will be offered a financing company, but you are responsible for paying for these services.
* **CLAIMS submission** - HALO submits your claims, and assists you in any way we can. You may be asked by your insurance company to supply certain information directly to them, it is your responsibility to supply your insurance company with information that they request from you. If you are unsure about a request that you have received from your insurance company, you can call us to discuss it, and we will try to assist you. If your claim is not paid because you have not supplied requested information, you will be responsible for paying the claim. Another reason your claim may not be paid by the insurance company, is because you have not met your deductible for the year, the claim will be your responsibility to pay.
* **NONPAYMENT** - **If your account is over 90 days past due, the following procedure is followed**: You will receive a letter giving you 10 days to either pay the balance in full, or make a partial payment, and set up a payment plan with our billing office. If you cannot pay your bill, call our billing department as soon as possible, to make arrangements that you can afford.

**Payment card on file (Mastercard or Visa card accepted):**

**Name on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Card number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Card expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Card CVC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HALO Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**