

HEALTH PARADIGM WELCOME AND REIMBURSEMENTS

Dear Client:

Please understand that this is our PAYMENT POLICY, and we have to follow as written.

We will file your insurance at no charge, if for any reason your insurance denies reimbursement, ***you are ultimately responsible for payment.***

If you have PRIVATE INSURANCE:

We will contact your insurance to find out deductible, co-payment, and general coverage. Co-payment or payments or deductible are DUE AT VISIT.

If you have TWO PRIVATE INSURANCES:

We must contact both insurances to corroborate co-payment, deductibles, and coverage. If any payment is required, it is DUE AT VISIT.

If you have MEDICARE ONLY:

\$35.00 DUE AT EACH VISIT. Medicare covers 50% of allowable amount.

If you have MEDICAID ONLY:

You have NO CO-PAYMENT. You must have active Medicaid coverage at the time of visit. Children and pregnant women have unlimited visits. If you are 21 or older you have 12 allowed annual visits. If you exceed them YOU ARE RESPONSIBLE FOR THE VISIT WHEN BILLED.

If you have MEDICARE AND MEDICAID:

You have NO CO-PAYMENT.

If you have PRIVATE INSURANCE AND MEDICAID:

You have NO CO-PAYMENT. You need to call Medicaid to up-date information.

If you are a SELF PAY:

1ST VISIT: \$255.00

FOLLOW-UP VISITS: \$75.00 to \$130.00, depending on procedure.

Payment is DUE AT VISIT. **5% will be added if statements are sent.**

NOTE: All returned checks will have a \$30.00 service charge. No follow-up visits until this is cleared.

Administration.