

Grove Medical Associates, P.C.
Financial Policy

PATIENT NAME: _____ **DOB:** _____
(Please print)

Thank you for choosing Grove Medical Associates, P.C. as your primary care provider. We appreciate the trust you are placing in us and ask that you read this financial policy thoroughly and sign at the bottom.

Payment for Services

- Our fees for medical care are usual and customary for this area. Grove Medical Associates, P.C. are contracted with most major health insurance carriers. It is your responsibility to understand and comply with the terms of the contract between you and your insurance carrier. Some of the services that we provide may not be covered by your health insurance and payment of these services are ultimately your responsibility. We accept cash, check, Mastercard and VISA.
- In order to maintain accurate and up-to-date information about your health insurance information we request that you bring your insurance card to each and every visit. Any copayments, deductibles and non-covered services are your responsibility. Per your contract copayments (if applicable) are due at the time of services. There is an additional service fee of \$10 for any copayment not paid at the time of service.
- Payment for any outstanding balance is due and payable upon receipt. Accounts with outstanding balances and no payments through two (2) billing cycles may be forwarded to our collection agency. **If you are experiencing a financial hardship please contact our billing department at (508) 753-2060 Option 6 to set up a payment plan.** Our goal is to be considerate and understanding of such circumstances and work with you to resolve your outstanding balance.
- **PLEASE NOTE:** If at any time your account is not in good standing, the practice reserves the right to cancel or reschedule your visit. If all attempts at collection fail, a patient may be discharged from the practice.

No Show Policy

- A “No Show” is someone who misses an appointment without cancelling one working day in advance. “No Shows” do not allow us to offer that appointment to a patient in need of care.
- Failure to present at the time of a scheduled appointment will be recorded in the patient’s chart as a “No Show” and we will notify our Primary Care Physician.
- An administrative fee of \$25.00 will be billed to your account. A “No Show” letter will be mailed and placed in your medical record.
- Three (3) “No Shows” may result in termination from the practice.

Other Billing Issues

- Checks returned by your bank will be assessed a \$25 return check fee plus the amount of the original check. Accounts with repeated return checks will be required to pay by cash or credit card.
- For visits related to auto accidents or workers’ compensation verifiable information is due **at the time of service.** Due to the lengthy settlement process, we do not get involved in third party claims. We will be happy to supply you with a receipt to forward to the appropriate carrier.

Acknowledgement

My signature acknowledges that I have read, understood and accept the terms outlined in Grove Medical Associates, P.C. Financial Policy. I have had the opportunity to ask questions and understand this signed policy will be scanned into my medical record. I agree to assign insurance benefits to Grove Medical Associates, P.C.

Patient Signature

Date