



Financial Policy

HealingSpace Medical Center is committed to providing the best possible care, and we understand your need to plan for associated costs. It is important to understand that it is the patient's responsibility to understand their insurance benefits and financial responsibilities. We have no input on amounts dictated by your insurance. It is essential that you provide and complete accurate billing/insurance information at check-in.

Please read the following information thoroughly and initial each policy area.

_____ **Co-payment:** Your plan/policy may require a co-payment. This is a fixed amount which your plan/policy dictates and **is due at the time of service.** Co-payments cannot be waived, failure to make your co-payment at time of service will result in your appointment being cancelled and rescheduled.

_____ **Deductible:** Most BlueCross plans have a deductible, a specified amount of money that the insured must pay before an insurance company will pay towards the claim. Deductibles are patient responsibility. Knowing your plan/policy details is essential as a higher deductible will result in a higher balance. If your insurance has a high deductible you may be required to make a deposit depending on the services and amount already met.

_____ **Co-Insurance:** A percentage of a medical charge you will pay once your deductible is met can best describe co-insurance. ***Please note:** We are unable to re-code claims to enhance benefits, or write off deductibles, co-pays, or coinsurance. We do not recommend making healthcare decisions based solely on benefits, as care may still be needed.

_____ **Self-Pay:** Patients without any insurance or with a plan the practice does not accept are considered self-pay. **Payment will be expected at the time of service.**

_____ **Lab Services:** HealingSpace offers an on-site lab for our patient's convenience. HealingSpace bills labs for BlueCross patients only. HealthLab does accept and bill for all major plans, including Medicare, any billing inquiries for plans other



than BlueCross will be referred to HealthLab. All lab charges for Self-Pay patients will be collected prior to your blood draw.

_____ **Appointment Notices:** HealingSpace reserves the right to charge a fee for missed appointments or services. This fee is up to the full cost of the appointment. Please note that insurance does not cover missed appointment fees. A missed appointment is defined as a failure to show for your scheduled appointment or cancellation/reschedule within less than 24 hours of the appointment time. Visits cancelled due to family emergencies will be excluded from cancellation fees.

_____ **Payment Arrangements:** Account Balances are the sole responsibility of the patient. Payment of balance is due upon receipt of your patient statement. Balance settlement is expected in a timely fashion. If a payment plan is needed it cannot exceed 60 days based on the amount owed. HealingSpace offers **CareCredit** for large patient balances or any account balance that cannot be satisfied within 60 days. Any payment plan needs prior approval from the Billing Manager, failure to satisfy the payment plan will be subject to penalty fees and may be reported to the credit bureaus. Past due balances may interfere with appointment scheduling.

_____ **Credit Card on File:** All patients are required to have a current credit card on file for small balances. Any co-payments or charges for a virtual visit will be charged prior to you speaking with your provider. It is the responsibility of the patient to make sure your card information is current and up to date. NO charges will be applied to your card without you being notified by the Billing Manager. A receipt for any charges applied to your card will be emailed to you with the proper supporting documentation.

ASSIGNMENT OF BENEFITS:

I hereby authorize and request that payment of benefits by my primary insurance company: BlueCross BlueShield, be made directly to HealingSpace for services furnished to me or my dependent. I understand that my insurance company may only cover a portion of the total bill. I further understand that I will be responsible for all charges not covered by this assignment.

I hereby release HealingSpace, its management, employees and any clinical staff or provider associated with my care from all liability that may arise as a result of disclosure



of information to the above named insurance company or their designated representatives.

HealingSpace is acting in filing insurance claims on my behalf and will assume no responsibility for guaranteeing payment of any charges from the insurance company.

HealingSpace is appointed by me to act as my representative and on my behalf to seek payment from my insurance carrier, this includes providing, if requested a copy of my medical records to my insurance carrier, in order to process a claim.

I am entitled to a signed copy of this assignment and release form if requested.

Patient Signature: _____ **Date:** _____

Patient Name: _____