

FINANCIAL POLICIES FOR THE OFFICE OF

ELIZABETH A MCMORRAN NP

1. If we are providers for your insurance company or managed care plan, they will pay the portion of the cost of treatment which they cover and you will be responsible for any deductible portion, co-insurance or co-payment. *Co-payments are due at the time of service or the appointment will need to be rescheduled. We do not accept personal checks as payment*
2. Please check with your insurance company about the details of your mental health/psychiatric coverage. Most times, this is different from your medical coverage. You may have a completely different co-pay or you could have completely different deductible or exclusions on your plan. Please do not make any assumptions. We do the best we can to confirm coverage with your insurance company but it is ultimately your responsibility. Although our staff will assist you whenever possible, you are expected to know and understand the exclusions and limitations of your insurance.
3. If you have a HSA or HRA or any other type of health spending/reimbursement plan, please check with your insurance company before each appointment to make certain there is money remaining in the account. We are not always able to obtain that information from certain insurance companies and if we do not know the limits, we will charge you the full cost of the appointment.
4. *A \$75.00 administrative fee will apply to all appointments which are cancelled without 24 hour notice.*
5. There were many changes introduced into billing and coding for mental health services on January 1, 2013. As a result, there have been increases in the amount of the charges that the patient is now financially responsible for and this has been upsetting to some patients. Again, these are mandates by the AMA and insurance companies. We do our best to predict what the charges will be but we do not know for certain until after an EOB (Explanation of benefits) is received in this office. As a result, sometimes the actual charges may be greater than you anticipated. Please always check your EOBs carefully.
6. Regardless of insurance coverage, the patient/responsible party is ultimately responsible for the total cost of the services provided. Please understand that any difference between the actual payment we receive or do not receive from your insurance company is your responsibility.

Please initial here: _____

I agree to pay any and all charges that exceed, or are not covered by insurance. I understand that copays, co-insurance, deductibles, and non-covered services are due at the time of service.

I understand that I am financially responsible for all charges whether or not paid by insurance. I understand that I am financially responsible for all charges accumulated from any missed appointments or appointments which were not cancelled at least 24 hours prior to the scheduled appointment.

The patient/responsible party agrees to pay any attorney fees, collection fees and/or court costs that may be incurred to satisfy their financial obligations. I have read and agree to the policies as outlined in this document.

Signature

Date

OFFICE OF ELIZABETH A MCMORRAN NP
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