

**AFFILIATES IN CLINICAL SERVICES, PC**  
**305 Roseberry Street, Suite 8**  
**Phillipsburg, NJ 08865-1600**  
**(908) 454-7244 – Fax (908) 859-2109**

## **PAYMENT CONTRACT FOR SERVICES**

Please read the following carefully:

### **FOR PATIENTS WHO DO NOT HAVE INSURANCE**

- Patients who do not have any insurance coverage are expected to pay for services rendered at the time of check-in for the visit.
- For those that qualify due to financial hardship, there may be a reduced fee available (Sliding Scale) or a payment plan. Services would be paid for in advance, not after the fact.

### **FOR PATIENTS WHO ARE CURRENTLY COVERED BY INSURANCE**

- The patient is responsible to provide us with valid health insurance information, and should bring insurance card to each visit.
- If insurance coverage changes for existing patients and we are not informed prior to the visit, the patient will be financially responsible for all visits billed to an incorrect insurance company or plan.
- Our office participates with numerous insurance companies and managed health care programs. We will submit electronic claim forms to primary insurances, secondary insurances, and out of network insurance plans.
- We will not submit paper claim forms.

*If the provider is "in network":*

- The patient is responsible to ensure that any required referrals for treatment are provided to the office prior to the time of check-in for the visit. Intakes may be rescheduled or the patient may assume financial responsibility for the visit if prior authorization is not obtained.
- The patient is financially responsible for any co-payment or portion of the charges as specified by the plan at the time of check-in for the visit. This includes any individual or family deductible amounts according to the plan.
- Any services not covered by the plan are the patient's financial responsibility and payment in full is due at check-in for the visit. For specific coverage issues call the insurance company's member services department (telephone number on insurance card).
- If patient receives reimbursement directly from insurance company in error, the benefits have been assigned to the provider and the check and Explanation of Benefits (EOB) should be forwarded to us immediately to prevent double billing.

*If the provider is “out of network”:*

- If a patient has insurance and the provider is “out of network” we will submit an electronic claim form, but services must be paid in full at the time of check-in for the visit.
- If patient payment is made and the insurance company pays us for the claim for out of network benefits, a refund will be issued to the patient based on the “Explanation of Benefits” from the insurance company.

## **OTHER**

- We reserve the right to charge for completion of forms.
- Any outstanding patient balance not under a payment plan will be referred to an outside collection agency or small claims court for payment.
- Any cost of collection will be added to the patient account balance.
- Regardless of any personal arrangements that a patient might have outside of our office, if you are over 18 years of age and are receiving treatment, you are responsible for payment of the service. We will not bill any other personal party.
- Regardless of any personal arrangements that a patient might have outside of our office, for minor patients with parental financial agreements, the accompanying parent or responsible party must pay for services at time of check-in for that visit.
- Patients with outstanding balances not under a payment plan will not be seen until balance paid in full or under a substantial repayment plan.
- There will be a \$25.00 service charge for returned checks in addition to our bank charges for processing the returned payment item.

## **COORDINATION OF BENEFITS**

- If patient does not have insurance benefits or has only primary insurance, coordination of benefits is not an issue.
- If patient has Medicare coverage and secondary insurance benefits, the patient is responsible to notify the office of such coverage and if Medicare is Primary or Secondary.
- If patient has secondary coverage, the patient is responsible to notify the office of such coverage and which is Primary and which is Secondary and obtain any and all prior authorizations required prior to the visit.
- If information is not provided or improper information is provided, the patient is financially responsible for all services.