

# Holladay Physical Medicine

## Policy on Payment for Services

Health care costs continue to rise out of control. We are obliged to provide services to everyone in need who seeks our help. We are also required to use a variety of fee schedules relative to the many insurance carriers and third party payers in the market today. A general estimation of the typical fees is posted in our reception area at the front desk for any to review. Some carriers have fee schedules higher and some lower. If you are covered by a current insurance carrier and you have provided your insurance card you may opt to have our office bill your carrier for your services as you receive them. It is not our policy to pre-bill or charge for any service that is not medically necessary and which you have not received. We do not offer pre-paid plans for certain numbers of services or time frames for unlimited service delivery for monthly or up-front fees.

After review of the findings of your consultation, history and examination and any additional tests that may be indicated, we agree to provide the existing-evidence-based procedures with proven outcomes for your condition. We will recommend the content, frequency and duration of care that has proven to relieve symptoms like yours in others with the same condition and restore you to health. We only accept patients whose conditions are most likely to respond.

If you are accepted as a patient and you choose to become one, it is your responsibility to follow our advice accordingly. Your condition will respond best if you complete all of the recommended treatments at the recommended frequency and duration. You are responsible for payment of fees all services. There are two options on paying for all services as follow:

### **Third Party Insurance Coverage**

This option allows you to provide us with your insurance information. We will submit claims to your insurance company and expect reimbursement directly from them. If you have paid the necessary copayment amount on each visit, if your policy has approved your treatment for payment of your services, if any amount of that approved amount has not be applied to a deductible and has been sent to us, we will accept direct payments from your insurance company as sufficient payment for the time being. Any unpaid balance at the conclusion of insurance consideration of each visit may be your responsibility. If so, you will receive a statement regarding the balance owed.

I choose Third Party Insurance Coverage Plan

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**SIGN HERE** Patient/Guardian Signature                      Date

### **Group Health Organization**

This option allows you to be a member of our Group Health Organization(GHO) and as such, you may pay cash for each visit. The fees are shown for the GHO at the front desk.

I choose to be a member of your Group Health Organization and agree to pay the GHO fee schedule at each visit.

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**SIGN HERE** Patient/Guardian Signature                      Date