



PINNACLE HEALTH CARE

Taking Health Care to a Higher Level

INSURANCE & CANCELLATION POLICY

Thank you for choosing Pinnacle HealthCare as your healthcare provider. Our mission is to provide exceptional healthcare with compassion. The information in this policy is important to ensure you are receiving quality healthcare while benefiting from PHC and your health insurance.

Insurance: PHC participates in most insurance plans, including Medicare. If you are not insured by a plan with which we contract, payment in full is expected at each visit. If you are insured by a plan with which we contract, but do not have an up-to-date medical insurance card, payment in full is required for each visit until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

Co-payments and deductibles: All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

Non-covered services: Please be aware that your insurance may not cover every medical service. You must pay for these services in full at the time of visit.

Proof of insurance: All patients must complete our Patient Information form before seeing a PHC provider. PHC requires a copy of a government issued ID and up-to-date proof of medical insurance.

Claim submission: PHC will submit your claims and assist you in any way reasonably possible to help get your claims paid. Your insurance company may need you to supply certain information directly to them; it is your responsibility to comply with their request. If your insurance company does not pay your claims in 45 days, the balance will automatically be billed to you. Your insurance benefit is a contract between you and your insurance company; PHC is not party to that contract.

Coverage changes: If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

Nonpayment: Should your account become ninety (90) days delinquent, you will receive a letter advising you that your account needs to be paid within ten (10) days. Please be aware that if a balance remains unpaid, PHC will refer your account to a collection agency. The patient or guarantor will be responsible for all costs of collection including attorney fees, collection fees, and contingent fees to collection agencies of not less than 35%. The contingency fees will be added and collected by the collection agency immediately upon our referral of your account to the collection agency of our choice..

Appointment Cancellation/No Show: When you schedule an appointment with PHC, we set aside enough time to provide you with the highest quality care. As a courtesy, when time allows, we make reminder calls for appointments. If you do not receive a reminder call or message, the above Policy will remain in effect. Any established patient who fails to show or cancels/reschedules an appointment and has not contacted our office with at least 24 hours' notice will be considered a No Show and charged a \$25.00 fee. If a third No Show or cancellation/reschedule without 24 hour notice should occur the patient may be dismissed from PHC. Any new patient who fails to show for their initial visit may not be rescheduled. Please note that this fee is charged to the patient, not the insurance company, and is due at the time of the patient's next office visit.

We at PHC understand there may be times when an unforeseen emergency occurs and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances please contact our Office Manager, who may be able to waive the No Show fee.

PHC values your health and wellness and wants to ensure you receive the highest quality of care from our healthcare professionals. If you have questions or need further information regarding Pinnacle health services and policies, please ask a member of our team.

I, _____, have read and understand the PHC Insurance & Cancellation Policy.

Name of Undersigned

I further understand that I may ask at any time for additional information regarding Pinnacle health care services and policies.

Signature of Patient or Patient Representative

Date _____