



1) Insurance

We participate in most major insurance plans, including Medicare and Medicaid. Our administrative team will verify your insurance benefits; however, this is not a guarantee of payment. You should be aware that any balance for services received is your responsibility whether or not your insurance company pays your claim. If you are not insured by a plan that we participate in, payment in full is expected at the time of service unless prior arrangements have been made with our billing specialist.

I, _____ (patient /legal guardian), hereby authorize payment for services directly to AtlanticProCare.

- All patients must complete the Patient Registration Form
- We must obtain a current valid copy of your insurance card to provide proof of insurance
- We must obtain a current valid copy of your driver's license and SS# to bill your insurance
- If your insurance plan requires a copy of the referral from your primary care physician, you are required to bring this with you
- If you fail to provide us with the correct insurance or referral information in a timely manner, you may be responsible for the entire bill
- Please notify us as soon as possible if your insurance changes so that we may make the appropriate changes. If there is a gap in your insurance coverage, you will be responsible for the full balance.
- If your insurance company (or other responsible party) rejects payment or shows that a portion is the responsibility of the patient, you agree to make full payment within 30 days of the first billing unless other arrangements are mutually agreed upon.
- For any services provided to you for purchase from AtlanticProCare not covered by your insurance, full payment is expected from you at the time of service.

2. Co-Payments, Deductibles, and Billing Statements

All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. You will be billed any additional charges that are not covered by your insurance plan. It is your responsibility to know where you stand with your co-payment and deductible. The ultimate payment responsibility is yours. You will be billed for any balance not paid by your insurance company.

3) Missed Appointment Policy

If you "No Show" or cancel an appointment without providing 24 hours notice, you are responsible for paying the cancellation/no show fee of \$25.00. You are entitled to one missed appointment without 24 hours notice per calendar year. These charges cannot be billed to insurance. Exceptions for emergency situations may be made. If you "No Show" two times, further appointments will be cancelled without notice.

I HAVE READ AND UNDERSTAND THE FINANCIAL AGREEMENT AND I AGREE TO ABIDE BY ITS GUIDELINES.

Signature of Patient, Guardian, or Personal Representative

Date

Print name of Patient, Guardian or Personal Representative

Date