

**Charles River Medical Associates
Payment Policy, 2014**

Thank you for choosing Charles River Medical Associates. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have developed this payment policy.

1. **Insurance.** We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan with which we are affiliated, it is up to you to provide your insurance card for proof of coverage at each visit. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.
2. **Co-payments .** All co-payments must be paid at the time of service. We are obligated to collect copays; failure on our part to collect co-payments from patients can be considered billing fraud.
3. **Referrals.** It is your responsibility to obtain referrals when necessary. Failure to do so may result in you being responsible for the services you receive at the time of your visit.
4. **Non-covered services.** Please be aware that some and perhaps all of the services you receive may not be covered or may be considered unnecessary by Medicare or other insurers.
5. **Proof of insurance.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.
6. **Claims filing.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim.
7. **Nonpayment.** If your account is over 90 days old you will receive a letter stating that you have 15 days to pay your account. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency or you may be discharged from this practice. If such cases, you will be notified by certified mail that you have 30 days to find alternative medical care. During that 30 day period, our physician will be able to treat you only on an emergency basis.
8. **Missed appointments.** Our policy is to charge \$25 for patients who fail to show for their appointment. These charges will be your responsibility and billed directly to you.
9. **Prices.** Our prices are representative of the customary charges for metro Boston. We have a discount payment policy that offers substantial discounts off of our regular fee schedule for patients who pay the charge on the same day as their visit OR who qualify for financial assistance. The same-day discount cannot be offered to self-pay patients who choose to be billed.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns. I have read and understand the payment policy and agree to abide by its guidelines:

Signature of patient or responsible party

Date