



Glenwood **Medical** Associates

Financial Policy

The Patient/Guarantor assume full responsibility for all medical charges incurred by Patient with Glenwood Medical Associates, P.C. ("GMA"). Payment in full is due at the time of service unless prior arrangements have been made with Patient Financial Services.

The Patient/Guarantor is responsible for any charges not covered by insurance. In the event the patient has insurance, all required co-payments and co-insurance amounts must be paid at the time of service. GMA will file the claim with the insurance company, provided all the necessary information has been provided to GMA as of the time of service. This includes a valid and current insurance card. If the insurance company does not submit payment within 45 days, Patient/Guarantor will be responsible for any and all outstanding balances on this account. In the event the insurance company denies payment for some services for the reason of "not medically necessary" or "non-covered services", the Patient/Guarantor will be fully responsible for the payment of any amounts owed for such services. Patient/Guarantor further understands that if GMA files an insurance claim on Patient's behalf and the insurance company incorrectly discounts or takes adjustments that are not in accordance with the contractual provisions established between GMA and insurance company, the balance remaining to the extent permitted by Colorado State Law, will be Patient's/Guarantor's responsibility to remit said balance to GMA.

It is acknowledged that GMA is not contracted with all insurance companies which may result in some claims being processed as out of network. In such event, Patient/Guarantor agrees that Patient/Guarantor will be responsible for the payment of the balance of such charges not paid by the insurance company.

If Patient/Guarantor has arrangements with Phreesia check-in software to keep a card on file for auto deduction and/or payment plan the Patient/Guarantor is responsible to uphold or terminate terms set by Phreesia. Phreesia will communicate with Patient/Guarantor electronically. In the event Patient/Guarantor opts out of electronic communication GMA will then default to mail paper communications regarding the account financial status.

It is Patient/Guarantor responsibility to always have valid/updated mailing address on file. If mailing address is not accurate the account may be automatically sent to a collection agency without further notice. If this account remains unpaid for over 30 days, a monthly Late Payment Fee of 8% APR will be charged to Patient's account. If the account remains unpaid for 60 days, it may be turned over to a collection agency or attorney for collection, in which event the Patient/Guarantor agrees to be responsible for all costs incurred in collection of this account, including a reasonable attorney's fees and court costs.

Patient hereby assigns all medical and/or surgical benefits, to include major medical benefits, to which patient is entitled, including Medicare and other government sponsored programs, private insurance coverage and any other health plan coverage to GMA. I hereby instruct and direct my insurer to pay Glenwood Medical Associates directly. This assignment will remain in effect until evoked by me in writing.

I understand that I am financially responsible for all charges whether paid by my insurance or not. I hereby authorize said assignee to release all information necessary to secure the payment of any benefits to which I am entitled. Should my insurer pay me directly, I will forward such payments to GMA with the endorsement "Pay to the order of Glenwood Medical Associates". I understand that retention of payment for services provided by Glenwood Medical Associates to which I am not entitled may result in civil or criminal liability for me.