

Greenlake Primary Care Financial Policy (updated 9/2016)

Greenlake Primary Care participates with a wide variety of insurance plans including: Aetna, Cigna, First Choice, Labor & Industry, Medicare, Premera, Regence, Tri Care, Uniform, United Healthcare, and others. We do not bill third party for motor vehicle accidents.

Know your insurance plan. Before your visit, call the toll free number on the back of your insurance card. Make sure you know if we are assigned as your primary care provider.

Ask your insurance representative if the practitioner you wish to see is a preferred provider.

Then please designate her as your primary provider.

You may also ask whether you need a written referral to specialists, how often this needs to be renewed, and review your coverage, deductible, co-payment, and benefit limits.

Then:

- Bring your insurance card to **every visit**.
- Tell us if your insurance or mailing address has changed.
- Pay your co-pay at the time of your visit.

Greenlake Primary Care will submit your bill to your insurance company for you.

If you do not have medical insurance, it is your responsibility to make full payment at the time of your visit for the services given. If there is financial hardship, please let us know.

Please note:

- For your convenience we accept both Visa and Master Card.
- Checks returned for insufficient funds will result in an immediate charge of \$35.00 against your account.
- There may be a minimum charge of \$50.00 for not canceling your appointment 24 hours in advance.

Questions about your account can be answered by Physician Billing Partners at (206) 932-9025

Financial Responsibility, Release of Insurance Benefits, Release of Health Information to Insurer:

I authorize Greenlake Primary Care to request and directly collect, on my behalf, all public and private insurance coverage benefits due for products and services provided by Greenlake Primary Care.

I authorize Greenlake Primary Care, to release any health care information necessary to facilitate the processing of claims and audit of payments, for the services provided to me or my child by Greenlake Primary Care. The authorization is in effect until rescinded in writing.

If insurance benefits are paid directly to me, I will endorse these checks for such payments to Greenlake Primary Care.

I am financially responsible for any co-payments, deductibles, balances due, and charges for services not covered by my insurance plan.

I have read and understand this policy. A copy will be kept in my chart and a copy may be furnished to me at my request.

Print patient name _____ Date of Birth _____

Signed: _____ Date: _____

Guardian if minor:

Signed: _____ Date: _____