

Greenlake Primary Care Financial Policy (updated 1/2021)

Greenlake Primary Care currently (Jan 2021) participates with a wide variety of insurance plans including: Aetna, First Choice, Labor & Industry, Medicare, Premera, Regence, Uniform, and others. We **do not** bill third party for motor vehicle accidents. We **do not** take EPO plans or HMO plans. We no longer contract with Tricare, or United Healthcare. If you do not have insurance, or if we are out of network for your insurance, you may qualify for Direct Primary Care membership. **(After May 2021 – we will no longer contract with any private insurance, nor will we submit bills on your behalf.)**

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/him 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 we are out of network, you are responsible for paying at the time of service and we will submit your bill to your insurance company on your behalf as a courtesy. We make no guarantee regarding insurance reimbursement or payments.

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 and ask about our Direct Primary Care membership program.

Please note:

- For your convenience we accept Visa and Master Card.
- Checks returned for insufficient funds will result in an immediate charge of \$35.00 against your account.
- There will be a charge of \$50.00 for no shows or late cancellations (less than 24 hours in advance) for primary care appointments and \$75 for psychiatric appointments.

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

Release of Insurance Benefits.

____(initial) 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 insurance benefits to be paid directly to the provider or GPC. If insurance benefits are paid directly to me and owed to GPC, I will endorse these checks for such payments to Greenlake Primary Care.

Release of Health Information to Insurer.

____(initial) 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. This authorization is in effect until rescinded in writing.

Financial Responsibility.:

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

____(initial) If my insurance or plan is out of network, I understand that payment is due at the time of service. As a courtesy, GPC will submit a bill on my behalf to my insurance company and this is not a guarantee of payment.

____(initial) 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.

**I have read and understand this policy. A copy will be kept in my chart and may be furnished to me at my request.
All authorizations are in until rescinded in writing**

Print patient name _____ Date of Birth _____
Signature: _____ Today's date: _____
(if guardian's signature please print your name here: _____)

Credit Card and/or ACH withdrawl Authorization:

I authorize Greenlake Primary Care to charge my credit card or ACH account on file for all charges as well as any co-pays, or balances that are due. These include charges collected for labs, medications, late fees as above, and other incidentals that will be explained to me prior to any payments being rendered. Credit card numbers and ACH will be entered directly by me or staff into the secure payment system HINT or directly into our online credit card terminal through Transaction Express. No card numbers or bank information will be stored in my chart or in the office and the card number or bank account information cannot be accessed once entered.

- I can ask and receive a statement of my account which the practice will provide within 5-7 business days
- Start date of authorization is pursuant to start date of my signature below.
- The credit card and/or ACH authorization is in effect until rescinded in writing.

Print patient name _____ Date Birth _____
Signature: _____ Today's date: _____
(if guardian's signature please print your name here: _____)