

## PATIENT FINANCIAL RESPONSIBILITY NOTICE

This Notice will help you understand your financial responsibility for services provided by EVERGREEN HEALTH. Thank you for choosing us as your healthcare provider. We are honored by your choice and are committed to providing you with the highest quality healthcare.

### HEALTH INSURANCE

**1. INSURANCE COVERAGE.** A health insurance policy is contract between you and your insurance company. It is your responsibility to be aware of your health insurance policy provisions, such as exclusions and limitations on coverage as well as requirements for referrals and/or prior authorizations. This information is furnished by your insurance carrier.

EVERGREEN HEALTH attempts to verify that your coverage is valid at the time of your visit. However, Evergreen assumes no responsibility for incorrect information. If your coverage is not in effect at the time of your visit, the financial responsibility for payment is yours.

**2. IDENTITY VERIFICATION.** Your **Insurance Card**, along with a picture ID, is required for each visit. Evergreen requires a scanned copy of your card in order to prevent insurance fraud or billing errors. EVERGREEN HEALTH reserves the right to reschedule any appointment when you cannot produce your insurance card and/or ID.

**3. PATIENT COSTS.** The following items are always the financial responsibility of the patient:

- i. Co-Payments. Co-pays are due at the time of visit.
- ii. Co – Insurance. After billing your insurance company, Evergreen will send you a bill for any co-insurance amount owed.
- iii. Deductibles. The amount of your deductible is determined by the contract you have with your insurance company. Evergreen does not know how much your deductible is or how much of your deductible has been met at the time of your visit. Your insurance company can provide you this information.

**4. OTHER PATIENT COSTS.** The following items are also the financial responsibility on the patient:

- i. Non-Covered Services. All patients are financially responsible for "non-covered" services denied by their insurance carrier.
- ii. No Referral or No Authorization. It is your responsibility to obtain any referrals or prior authorizations for medical treatment if required to do so by your insurance plan or your insurance company may deny coverage and payment of those services.

**Please Note:** If you have a referral from your primary care provider to use EVERGREEN HEALTH for specialty or mental health services, you must notify Evergreen if your primary care physician changes and obtain a new referral from your new primary care physician.

- iii. Insurance Requests & Payments.

As a courtesy, EVERGREEN HEALTH bills your insurance company on your behalf for each visit.

You are responsible for responding to any request from the insurance company for further information regarding your claim. Failure to respond will result in a denial of your insurance claim and you will be financially responsible for payment of those Evergreen services covered by the denied claim.

**Please Note:** If insurance payments are sent to you, it is your responsibility to forward the payments to Evergreen within 48 hours, along with a copy of the explanation of Benefits (EOB) received

### NO HEALTH INSURANCE

1. If you do not have health insurance you are financially responsible to pay for the services you received from EVERGREEN HEALTH and for any third party services ordered on your behalf, such as lab/diagnostic services. You may pay for Evergreen services at the time of your visit or Evergreen will send you an invoice. Third party services will send you a separate invoice for their services.
2. EVERGREEN HEALTH can assist you in obtaining affordable health insurance or self-pay clients can apply to have their Evergreen fees reduced through an income based sliding scale.

### MISSED APPOINTMENT FEE

If you are unable to make your scheduled appointment, EVERGREEN HEALTH requests that you contact our office at (716) 847-2441 to cancel or reschedule. Please leave a message on our voicemail after hours, if necessary.

**If you do not show up for your appointment and do not call to cancel, a \$30 fee may be charged to your account balance.**