

**Parkland Physician Services Patient Accounts**  
**44 Birch St, Ste 200**  
**Derry, NH 03038**  
**603-421-9616**

**Patient Financial Responsibility Policy**

*As your physicians, we are committed to giving you the best possible medical care. To achieve this goal, we need your assistance and understanding of our patient financial responsibility policy.*

- Prior to each appointment, please check your insurance information so you will be informed about referrals, co-payments and any deductibles that are required. Unless arrangements have been made in advance, **co-payments, co-insurance, deductibles and any outstanding balances are expected at time of service.** A one-time exception may be made at the discretion of the Practice Manager, otherwise your appointment may need to be rescheduled. **Payment may be made with cash, check, Visa, MasterCard, Discover and American Express.**
  - Any check returned from the bank will result in an additional \$25.00 charge that will appear on your account.
- Please present your insurance card for verification at every appointment. You are responsible for notifying us immediately of any change in name, address, phone or insurance information. We accept the following insurance companies:

Aetna	HCVM/Coventry/First Health	PHCS/MultiPlan
Anthem Blue Cross/Blue Shield	HPHC	Tricare Standard <u>only</u>
CHS	Medicare NH	Tufts (except for Tufts Medicare Preferred HMO or PPO)
Cigna	Medicaid NH	United Healthcare
Great West Life/Cigna network	MVP	
- Our relationship and concern is with you and your health, not with your insurance company. Please remember that your health insurance contract is between you and your insurance company. Any questions or complaints regarding your coverage should be directed to your insurance company. If your insurance company does not respond to or denies a claim that we have submitted on your behalf, you may be liable for all charges.
- Please allow 72 hours for processing of referrals if we are your primary care provider. If you are seeing a specialist and do not have a referral, you will be required to sign a waiver at time of service accepting financial responsibility if your claim is denied.
- **If we are not participating providers with your plan, or you do not have insurance, you are expected to pay in full for all visits and/or procedures.** We offer a prompt-pay discount of 30% on the office visit or procedure when paid in full at time of service. Some services are not discounted (e.g. vaccines and their administration, blood draws, etc.).
- **Worker’s Compensation Claims** will be considered self-pay until we have received complete and employer approved claim information to file a claim on your behalf. You are personally responsible for payment in the event your claim for Worker’s Compensation benefits is denied.
- **Motor Vehicle Accidents Claims.** If you live in NH and have Medicare or NH Medicaid, we will bill your auto insurance. If you do not have Medicare or NH Medicaid, we will bill your health insurance. If you do not have health insurance, you are responsible for payment. If you live in MA, we will bill your auto insurance until your PIP is exhausted and then we will bill your health insurance.
- *Failure to promptly resolve your balance may result in collection action. If we have not received payment within 30 days of your first statement, you may receive a courtesy call and/or reminder letter regarding your balance. We realize that emergencies do arise that may affect timely payment of your account. If such extreme cases do occur, please contact a patient accounts representative at 603-421-2305 for assistance in the management of your account. Please note that making a partial payment without prior approval by a patient account representative will not prevent further collection procedures, up to and including placement with an outside collection agency.*

**I have understood and agreed to the Financial Responsibility Policy for PPS.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date