NINVA MEDICAL GROUP LLC

YOUR NEXT DOOR PRIMARY CARE PROVIDER

Thank you for choosing Ninva Medical Group as your health care provider. We are committed to providing you with quality and affordable health care. This financial policy was developed to assist with questions you have or that may arise with regards to financial issues. We believe that stating our expectations with regards to financial issues helps us concentrate on our mission of providing excellent care.

1. Insurance- We participate in most insurance plans. If you are not insured by a plan, we have a contract with or you are insured but do not have a copy of a current card, payment is due in full at time of service. We will bill your insurance company once we receive a copy of your current card, but payment will be your responsibility at time of service.

2. Co-payments- All copays and deductibles must be paid at the time of service. Copays that are not paid at the time of service will be billed a $25.00 administrative fee. This fee and your copay will need to be paid prior to future appointments.

3. Deductibles- Because more insurance companies are issuing policies with very high deductibles, we will need to collect deductibles that have not been met at time of service. It is your responsibility to call your insurance company prior to being seen to see if you have met your deductible. We have formulated a fee amount that we have tried to make as close as possible to the allowable amount that will be covered by your insurance company. Anything over paid or under paid will either be credited or billed to you accordingly. If you do not call your insurance company prior to being seen, we will assume that you have not met your deductible and payment of the allowable amount is due at time of service.

4. Non-covered services- It is virtually impossible for us to have knowledge of what services each insurance plan covers. Knowing your insurance benefits is your responsibility. Any questions you may have regarding those benefits or dispute of any services not covered should be directed to your insurance company.

5. No show appointments- For any second no show appointment there will be a $35.00 fee. This amount will need to be paid prior to any future appointments. A no show appointment is defined as any appointment not cancelled 24 hours in advance.

Initial Here: ______________

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6. Statements/Bills- After 90 days past due, you will receive a pre-collection letter stating you have 10 days to pay your balance. If we do not receive payment, you will then receive a collection letter stating you have 10 days to pay your balance or be turned over to a collection agency. Once an account is turned over to collections, we will no longer see or treat anyone in the family, even after the balance is paid. The Family Practice is not responsible for any disputes regarding your balance due. Any questions or problems need to be addressed directly to your insurance company.

7. Non-Sufficient Fund Check- Any check that is returned to us will be assessed a $25.00 return check fee. The amount of the NSF check and the $25.00 fee will need to be paid by cash or with credit card within 10 days or it will be turned over to a collection agency at which time we will no longer be able to see or treat anyone in the family.

8. Assignment of Benefits- I, the undersigned, realize that all medical and surgical charges incurred are my responsibility and payable by me regardless of what my insurance pays. I hereby authorize and direct my insurance carrier(s) to pay directly to Ninva Medical Group and Dr Dany Mamou MD any benefits due under my insurance plan. I agree to pay the balance of expenses not paid under this plan, including deductibles and co-payments.

9. we require having a valid credit card on file to be used for paying above named balances.

I have read and understand the financial policy and agree to abide by it.

Print Patient Name: ___________________________________

Signature of patient or responsible party: ______________________________________

Date:

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