

**Please read over our payment policy below and initial where required.
Your initials tell us that you agree to comply with these parts of the policy.**

Payment Policy

_____Initial

1. In compliance with new Federal law, we will ask you for photo identification and proof of health insurance *at every visit*. We may also take your picture the first time you visit our office.
2. It is not feasible for our staff to be fully aware of each health insurance plan's specific requirements or coverages. We will do everything we can to help you; however, it is your responsibility to verify that NGPG is part of your insurance plan's covered providers, and to know what your plan does and doesn't cover.
3. It is your responsibility to know what limitations your insurance plan may place on the number of times you can be seen in the office, have treatments performed, when referrals are required to receive care, or receive other types of health care.
4. Any charges you incur with us that are not paid by your health insurance according to our existing agreements will be your responsibility to pay. We will bill your insurance plan as a courtesy to you.
5. Uninsured (self-pay), if you do not have health insurance, we will be happy to provide care for you. We offer a discount to uninsured patients of 30% on those services that would typically be billed to an insurance company. To qualify for a 45% discount (an additional 15%), we require a minimum of \$100.00 to be paid at check-in (\$25.00 for pediatric patients). This payment will be applied towards any charges for your visit. If there is an overpayment, outstanding balances will be settled, and the remainder will be refunded via return to credit card or by check (depending on the method of payment for the time of service deposit). If you are not able to make the minimum payment at check-in, you will be asked to reschedule your appointment unless you have an urgent need to be seen.
6. We will continue to provide care for you while you are paying off any outstanding balances owed. You will need to pay in full any charges you incur at the time of service while you are paying off outstanding balances. An exception may be made if your provider determines your visit is urgently needed. If you are unable to pay in full at the time of service, please ask about our payment options.
7. We do use a collection agency for accounts that fail to make a good faith effort to pay for the medical services we provide.

Prescription Refill Policy

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Please allow 48 hours for all prescription refills. To speed up the process, please ask your pharmacy to send a refill request to the clinic.

Medical Records Policy

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We are happy to provide you with a copy of your medical records. You must first provide a properly verified signed release of information for copies provided via email, CD, or on paper. A cost may be associated depending on the number of pages requested.

Changes in Your Personal Information

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You are responsible for informing us of any changes to your name, address, telephone number, email address, or health insurance coverage. A failure to do so may affect your insurance coverage and/or our ability to provide you with important information about your health.

Patient Name: _____

Date of birth: _____

Patient Signature: _____

Date: _____

Parent/Legal Representative Signature: _____

Date: _____