



ERICSON HAND & NERVE CENTER

Financial Policies

Thank you for choosing the Ericson Hand & Nerve Center to meet your specialized medical needs. We are committed to providing you with the highest quality care, and we charge reasonable fees for our services.

Insurance Billing: Payment for the medical services provided is ultimately the direct responsibility of the patient, regardless of insurance. If you have private health insurance, we will bill your insurance plan, but you must provide correct billing information, in a timely fashion, for us to do this. You may be responsible for separate copayments and deductibles, depending on your contract. Copayments are due at the time of service. Once we receive payment from your insurance carrier, we will bill you for the remaining balance, if any, according to your contract. You are responsible for charges not covered by your insurance.

Unpaid Balances: Accounts will be considered delinquent after 60 days. After 90 days, bills may transfer to a collection agency. Interest charges of 1% per month will accrue to overdue accounts following a 60 day grace period. For insured patients, the grace period begins when we receive a response from your carrier. The cost of any collection action, including attorney fees, interest, and court costs, is the responsibility of the patient and will be added to the account. If personal financial problems arise during your care, please contact our Office Manager at 425-776-4444 as soon as possible to make payment arrangements.

Form Completion: There is a nominal charge of \$25 for completing forms not paid by insurance, and this fee is due at the time of service. Some forms have higher charges, depending on the complexity.

Returned checks: There is a nominal charge of \$25 in addition to any applicable bank fees for any checks returned because of insufficient funds.

Third Party Billing: We do not bill third parties, or participate in contingency fees or liens, or wait for settlements. Business, auto and home insurance are all considered third parties. Patients with third party liability are considered **self-pay patients** (see below), except in the case of PIP coverage.

PIP Coverage: Full payment is due at the time of service. As a courtesy, this payment will be fully refunded following payment from the insurer. We will bill first party PIP policies only; if you only have second or third party personal injury protection, you will be considered a **self-pay patient** (see below). PIP coverage has a limit as to what it pays per claim; you are responsible for the amount that your insurance does not pay. Please keep us informed of your balance so that your care does not exceed the limits of your policy unexpectedly. If your care does exceed the limits of your policy, as a courtesy we will bill your private health insurer; if there is no other insurance, you will be considered a **self-pay patient**.

Self-Pay Patients: Payment is due at the time of service. Charges for office visits vary and are based on both length of your visit and the complexity of your issues.

Assignment of benefits: I hereby authorize my insurance benefits to be paid directly to William Ericson MD. I acknowledge that I am financially responsible for any balance due or any payment due for services not covered by my insurance. I authorize the release of any personal information required for payment of this claim. I will promptly inform the office of any change in my insurance, and I agree to pay Ericson Hand & Nerve Center according to the policies listed above.

Name (please print): _____

Signature: _____ Date: _____