



## **HIGH MOUNTAIN HEALTH, P.A. Financial Policy**

Thank you for choosing High Mountain Health as your health care provider. We are committed to quality care. The following is a statement of our Financial Policy that we require you read and sign prior to any services rendered.

- **Full payment is due at the time of service**
- **We accept cash and personal checks with a valid driver's license**
- **We offer an extended payment plan**
- **Usual and customary rates apply**

Our practice is committed to providing the best treatment of our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

### **PREVENTIVE CARE**

It is your responsibility to know your insurance benefits. Policies may or may not cover "well care," such as annual physicals, immunizations, sigmoidoscopy, mammography, and bone density screenings. You will be responsible for payment if such service is denied by your carrier.

**ADULT PATIENTS:** All adults are responsible for full payment at time of service.

**MINOR PATIENTS:** The adult (parent or guardian) accompanying a minor is responsible for full payment. In cases of divorce or separation, the parent accompanying the child is responsible for payment at time of service. We will provide you with a paid receipt.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

**I have read the Financial Policy. I understand and agree to this Financial Policy.**

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**Print Name**

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**Signature of Patient or Responsible Party**

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**Date**