



NEW PERSPECTIVES HEALTH CARE, LLC

13A Main Street
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Sparta, New Jersey
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W)973.726.0355
F) 973.726.0255

Financial Policy Agreement

New Perspectives Health Care, LLC, (NPHC) is committed to providing our patients with the best care possible. It is important in our relationship that our patients have a clear understanding of our financial policies.

IN-NETWORK/PARTICIPATING INSURANCE PLANS:

We will forward all claims to the participating carriers. The patient/guarantor is responsible for any balance due after all insurance companies have made their payment.

NON-PARTICIPATING/OUT OF NETWORK INSURANCE PLANS:

There are some insurance plans in which NPHC does not participate. For these plans, payment is due at time of service. As a courtesy to the patient/guarantor, we will submit the claim to the patient/guarantor's insurance company. We will supply the insurance company with the proper documentation supporting maximum reimbursement, but cannot be responsible for the balance not covered by insurance.

UN-INSURED PATIENTS:

When services are rendered, we expect 100% payment at the time of service. Payment arrangements must be made with NPHC prior to the visit (973.726.0355).

NO-FAULT (MVA) AND WORKMAN'S COMPENSATION PATIENTS:

It is the patient's responsibility at the time of service to supply NPHC with the proper insurance company, claim number, address, phone number and adjuster's name. If the patient does not have this information at the time of the service, the patient will be responsible for the payment.

MEDICARE PATIENTS

We are a participating facility in the Medicare program. No fees are due at the time of service. We will submit the claim for the patient, as well as all claims to any secondary and third insurance companies. The patient/guarantor is responsible for any balance due after all insurance companies have made payment.

RETURNED CHECK FEE: We will charge a \$35.00 fee on all returned checks.

CO-PAYMENTS: We will collect all co-pays at the time services are rendered.

Sign below verifying that you have read and understand the above financial policy for NPHC.

Guarantor/Policy Holder/Patient: _____ DOB: _____

Signature: _____

