

BILLING POLICIES

Marcelle Pick, N.P., Marcy Holmes, N.P., Jessie Reighley, N.P., Carrie Levine, C.N.M.

Marcelle Pick, N.P., Marcy Holmes, N.P., and Jessie Reighley, N.P. are participating providers for **Aetna, Anthem Blue Cross and Blue Shield, Harvard Pilgrim Healthcare, Cigna Healthcare and Medicare B**. Marcy Holmes, N.P. is also a provider for and **Medical Network (MedNet)**. Carrie Levine, C.N.M. is a participating provider with **Aetna, Anthem Blue Cross and Blue Shield, Harvard Pilgrim Healthcare, Cigna, and MedNet**.

- *We will submit your claim for you. Co-payments are due at the time of service.*
- Please direct any coverage, benefit or participation questions directly to your insurance company.

Please be sure to contact your insurance company for specific benefit information. Although the practitioners may participate with your insurance company, they may not be covered. *Some out-of-state policies do not reimburse for services provided by Nurse Practitioners (N.P) since they do not credential them independently.*

- ***Be sure to give your insurance company the name of the provider you will be seeing. Each of the practitioners at the Women to Women Healthcare Center are credentialed independently.***

It is your responsibility to obtain a referral, if your health plan requires, and present it before your appointment. If you require a referral and do not have proof of the referral, we require full payment at the time of service.

Services denied as not covered by your insurance company are your responsibility.

We appreciate timely payment on patient statements. Payment in full is due on each statement. If payment in full can not be made, please contact our Billing Service, VCH, Billing Specialist at 207-781-2953 to discuss payment options. It is important to us that we work with you to ensure continuity of care.

Patient balances are payable within 30 days of original invoicing. If the patient account balance is still outstanding after 90 days, the account will be submitted to our collection agency. The patient will be responsible for any reasonable collection costs, including attorney fees if incurred.

Who is responsible for this account? _____		
May we discuss your account with the Responsible Party listed below? (Please circle one):		
	Yes	No
_____	_____	_____
Name of Responsible Party	Social Security Number	Relationship

Address / City / State / Zip		

It is your responsibility to keep us informed of any changes in your insurance coverage. Most plans have a filing limit, so any delay in the submission of claims may result in the denial of a claim. A delay caused by lack of information will be billable to you.

We accept cash, VISA, MasterCard, Discover, American Express and personal checks.

I acknowledge awareness of the billing policies of the Women to Women Healthcare Center and agree to their terms. I agree to be financially responsible for services provided to me today and in the future at the Women to Women Healthcare Center.

Signature of patient or responsible party
Rev: September 22, 2008

Date



**Please mail your
information to:**

*Women to Women Healthcare Center
3 Marina Road
Yarmouth, ME 04096*