



**Thank you for choosing MorningStar Family Health Center for your medical care.
We are committed to providing you with quality and affordable health care.**

All new patients must complete our registration form and health history form prior to seeing the doctor. A photo ID must be presented at check-in. If you have an insurance card, please present that. This will help us ensure that appropriate lab requisitions are issued.

Please review and sign our Financial Policy

Full and Medicare Supporting Memberships: Please see member services agreement for details.

Insurance: As of 6/1/2015, we are only participating in Medicare. We will now be considered out of network with all other insurance carriers, including Medicare Advantage Plans. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage. **Payment in full is expected at time of service** with the exception of Medicare policy holders.

At each visit, we will provide a detailed receipt of medical services received for you to submit for out-of-network, HSA or FSA reimbursement if available to you.

Non-covered services: Please be aware that some and perhaps all of the services you receive may be non-covered or not considered medically necessary by Medicare and other insurers, according to their guidelines. This does not mean it is not helpful.

Claims Submission: **If you have Medicare, we will submit your claims** and assist you in any way we reasonably can to help get your claims paid. Medicare may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility. We are responsible for submitting every claim accurately reporting the exact services performed and the exact reason for performing them and are prohibited by law from changing this information just so the claim can be paid

Nonpayment: Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from our practice.

A payment plan may be initiated, if you have a financial hardship. You must contact Barbara from our office at 908-735-9344 to discuss your situation.

Missed appointments: As a courtesy, we call two days in advance to confirm appointments. If you fail to give a 24 cancellation notice for a Physical or one hour consult a \$50.00 charge will be applied. If you fail to give 24 hour notice for a scheduled ultrasound and or Creighton Model session a \$25.00 fee will be applied.

I have read and understand this payment policy and agree to abide by its guidelines:

Signature of patient or responsible party

Date

Print patient name /and responsible Party