Whole Life Health Care
NEW DIRECTIONS IN FAMILY MEDICINE
100 Shattuck Way, Suite 100 · Newington, NH 03801 · Phone 603-431-6677 · Fax 603-610-2232
www.mywholelifehealthcare.com

Financial Policies

PROOF OF INSURANCE
All patients must furnish valid and up-to-date proof of insurance coverage. If you provide false or expired insurance information you will be responsible for the balance of the claim. Please notify us of any changes in insurance coverage prior to time of service. Insurance denials for termination of coverage will be automatically billed to you.
If Our records show you are enrolled with a health insurance company, we are required to bill that company and not accept individual payments for services.

INSURANCE CLAIMS
Whole Life Health Care participates in most HMO and PPO plans, as well as Medicare. Keep in mind that your insurance policy is basically a contract between you and your insurance company. We will bill your insurance as a courtesy to you. Please call your insurance company to confirm your coverage. Knowing your insurance benefits is your responsibility. If your policy requires you to select a primary care provider, you **must** select one of our providers prior to your appointment or you may have to reschedule or/and be responsible for any charges denied for this reason. Determine if the providers are network providers prior to your first visit.

CO-PAYMENTS AND DEDUCTIBLES
All co-payments, balances, co- insurance and deductibles are due and payable at the of check-in (unless previous arrangements have been made with the billing department). We accept cash, checks, MasterCard and Visa payments.

NON-COVERED SERVICES
Please be aware that some services may not be covered under your insurance. Any charges denied by insurance as non- covered are the responsibility of the patient. Whole Life Health Care cannot misrepresent your non-covered service in order to obtain payments from your insurance company, as this is fraud and against the law.

BALANCE POLICY
After filing with your insurance company, Whole Life Health Care will mail you a balance statement. Payment in full is due upon receipt of this statement. If you have any questions or dispute the balance, it is your responsibility to contact our billing department within 30 days. Patients with past due accounts may be referred to a credit bureau and/ or a collection agency and might be discharged from the practice. If you are not able to pay the balance in full, you **must** contact our billing department to discuss a payment schedule.

SELF PAYMENT
Whole Life Health Care recognizes that some of our patients may be without insurance, or have insurance that WLHC do not participate with. For self pay patients, the payments are expected in full at the time of the service. We offer a discount (for office visits only on the day of the service), providing there is no outstanding prior balance due.

WORKER'S COMPESATION, AUTO INSURANCE AND THIRD PARTY LIABILITY CASES
We are required by law to file claims related to any injury incurred at work. In order for a claim to be considered work –related, you must report the incident to your employer. We require that you supply us with the Worker's Comp claim number, phone number, contact person and the name and billing address of the Worker's Comp carrier at the time of the appointment. Whole Life Health Care **does not bill** any third party liability or auto insurances.

I hereby authorize Whole Life Health Care to furnish information to my insurance company concerning any illness and treatments and I hereby assign to WHLC all insurance benefits for medical services rendered. I understand and agree that (regardless of my insurance status) I am ultimately responsible for any and all professional services rendered, I have read the information in this financial policy and I understand and agree to all of its terms.
I also authorize Whole Life Health Care and its physicians, health care practitioners and employees in collaboration with the Whole Life Heath Care Concept Team to have access to my medical records for the purpose of medical treatment/ services within the Whole Life Health Care facility.

PATIENT NAME	DATE OF BIRTH
PATIENT (PARENT/GUARDIAN) SIGNATURE	DATE

Reviewed July 2012