Holland Hospital

Financial Policy Physician Offices

Insurance

Health insurance is a contract between you and your insurance company. As a courtesy to you, we will file your insurance claims. Please bring your insurance card(s) with you to each visit. Failure to provide us with your accurate insurance card(s) may result in being considered "Self-Pay". You will be responsible for payment of all services if your insurance does not pay in a timely manner, denies payment, or applies any portion to patient responsibility.

If you choose to forego billing your insurance, you must inform the office at the time of appointment.

Co-pays, Payment Methods & Returned Checks

Co-pays are required at the time of service. Failure to pay your co-pay may result in your appointment being rescheduled.
We accept cash, check, and all major credit cards. Returned checks will result in a $20 charge to your account.

Prior Authorizations

Some insurance plans require prior authorizations for procedures. It is the patient's responsibility to check with their insurance prior to their visit for any prior authorization requirements to avoid insurance denials or higher deductibles/co-insurance.

Worker's Compensation

Prior approval from your employer or Worker's Compensation carrier is required before seeking treatment. As a courtesy to you, we will file your Worker's Compensation carrier but you are responsible to provide us with necessary information.

Self-Pay

Payment for patients without insurance or those unable to provide proof of insurance is required at the time of service. If other arrangements are needed, please discuss the situation with our Billing Customer Service Department.

No-show/Cancellation Policy

We kindly ask that you provide 24 hour notice if you are unable to keep a scheduled appointment. Failure to do so may result in a "No Show" fee charged to your account. Payment of this fee will be required prior to the rescheduling of a new appointment. Multiple missed appointments may result in discharge from our practice.

Disability/FMLA Forms

The fee for each form is $25 and must be paid prior to the completion of the form.

Medicare Information/Authorization

I request that payment of authorized Medicare benefits be made to Holland Hospital, or its related entities. I authorize any holder of medical information about me, needed to determine those benefits or the benefits payable for related services, to be released to the Centers for Medicare and Medicaid Services or its agents. I also authorize Medicare to send Explanation of Medicare Benefits Information to my Medicare supplement and benefits to be paid to Holland Hospital or its related entities for any services furnished to me until further notice. I authorize any holder of information about me, needed to determine those benefits or the benefits payable for related services, to be released to the Centers for Medicare and Medicaid Services, or its agents.

Authorization and Release

I authorization payment of medical benefits be made directly to Holland Hospital, or its related entities. I understand the Financial Policy and accept the personal responsibility for payment of covered and non-covered services. I authorize release of any medical or other information necessary to process my claims.

I agree, in order for Holland Hospital to service my account or to collect any amounts I may owe, that Holland Hospital and its Business Associates and Covered Entities/Service Providers may contact me by telephone at any telephone number associated with my account, including wireless telephone numbers, which may result in charges to me. Holland Hospital and its Business Associates and Covered Entities/Service Providers may also contact me by sending text messages or e-mails, using any e-mail address I have provided to Holland Hospital. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

Patient:_____ Date of Birth: _____

Signature:_____ Date:_____