



Payment Policy

It is the responsibility of the patient to check his or her health insurance coverage. HARTnett LLC suggests you call the number on the back of your insurance card to confirm your benefits. A lack of coverage or denial is not the responsibility of HARTnett LLC. Non-payment from your insurance company within 30 days of treatment can result in HARTnett LLC sending you a bill which you will be responsible to pay within 30 days of this bill being sent out. HARTnett LLC pays for a tool to help you do this: <https://hart-nett.com/billing>

_____ Self-Pay: If you are without insurance coverage or are not insured by a plan listed below, your payment in full is expected at each visit. The self pay price is \$100 a visit plus the cost of supplies if/ as needed. You will be told the cost of supplies before any supplies (ie custom splints, pre-fabricated splints, scar pads, etc.) are issued to you. Supply cost sheet available upon request. This option is discounted for our uninsured clients and therefore a superbill will not be produced if you select this option.

_____ Insurance: We currently are in contract with **Aetna, Cigna, MedRisk, Medicaid (Colorado only), Medicare, OneCall, and United Healthcare**. Co-pays are due on day of treatment. If your insurance denies treatment you are responsible for appealing the denial and you will receive a bill from HARTnett LLC which will be due within 30 days of this bill being sent out. Change of insurance notification is required prior to any follow up appointments.

_____ Super-bills for out of network insurances. Reimbursement by your insurance company is not guaranteed per most health insurance policies. Pricing per unit is available upon request. Unit price does vary; your practitioner, Dr. Emily Hartnett, will use her clinical judgement and expertise to treat your diagnosis and thus will not entertain client requests of billing codes and unit quantities. Super-bills must be billed per unit and thus the discounted self- pay rate of \$100 does not apply. You must pay HARTnett LLC on day of service, be handed a Super- Bill by your practitioner, Dr. Emily Hartnett, and submit this Super- Bill to your insurance on your own time. HARTnett LLC is not responsible if your Super-Bill is not reimbursed. HARTnett LLC suggests you call the number on your insurance card and obtain relevant information regarding Super- Bill reimbursement before selecting this option or use the Reimbursify App on <https://hart-nett.com/billing>

Nonpayment: If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. 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 this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative care. During that 30-day period, our facility will only be able to treat you on an emergency basis.

Missed Appointments: No shows and appointments cancelled with less than 24-hour notice will result in a charge at a fixed rate of \$50, as a different patient could have been seen during your allotted time, had notice been given. These charges will be your responsibility, despite if you are paying via insurance or not. Please help us to serve you better by keeping your regularly scheduled appointment. Exceptions for winter weather will be considered.

- I have checked this box after reading all of the above. I have read and understand the payment policy and agree to abide by its guidelines. I have initialed next to the payment option I prefer.

I _____ (print) have read and received this payment policy document on _____ (date).

X _____
Signature of Patient or Responsible Party

X _____
Date