



Thank you for choosing Gagneja Health, as your healthcare provider. We are committed to providing an excellent healthcare experience. Please read and sign our financial policy prior to your treatment. Gagneja Health accepts cash, checks, and all major credit cards.

Medicare Patients

Gagneja Health is a Medicare Part B participating provider. I will be responsible for the Medicare deductible as well as 20% coinsurance of the Medicare allowable. Deductible and coinsurance will not be waived. I will be responsible for non-covered services under the Medicare program. I will be responsible for payment upon receipt of my statement.

Non-assigned/Non-participating Insurances

If Gagneja Health is not contracted or participating with my current health plan, I am choosing to obtain services that will be considered out of network by my healthcare insurance. I understand Gagneja Health will not negotiate reduced fees with my health plan and I will be responsible for all services rendered. I will be responsible for payment upon receipt of my statement. It is recommended that I contact my insurance company to determine coverage, benefit, and prior authorization requirements.

Accidents and Motor Vehicle Injuries

Gagneja Health providers have the discretion to decide whether or not to see patients injured in motor vehicle accidents, or for other liability injuries. Gagneja Health does not have to agree to accept liens. In all cases, I am responsible for the cost of my care and agree to pay for all services rendered upon receipt of my statement.

Billing Information

I will provide complete and accurate information, and notify Gagneja Health of changes to any of my information (address, phone number, insurance). Gagneja Health will use all reasonable efforts to submit claims to my insurance and promptly provide me with a statement. If, for any reason, amounts that I am responsible for are not paid properly, including if my statement is returned as undeliverable, I may be referred to a collection agency (Financial Credit Network). I also understand that Financial Credit Network or any company acting on their behalf, may use various dialing and communication methods to reach me at the telephone numbers I provided. This includes, but is not limited to dialing or texting my wireless telephone number, which could result in charges by my wireless carrier, either manually or through the use of automatic dialing technology and/or pre-recorded messages. I am aware any court order judgments must be determined between the individuals involved without involvement of Gagneja Health. I will be responsible for payment upon receipt of my statement.

Assignments of Insurance Benefits

I understand that Gagneja Health will maintain records of services it renders to me and in general will not release information without specific written consent. I am aware that Gagneja Health may release information concerning my treatment and the services it renders to me if doing so is necessary for public and private health insurance plan reimbursement. I authorize Gagneja Health to release and medical, Psychiatric, and substance dependency information necessary for processing claims. I request that payment under my medical insurance be made directly to Gagneja Health. I understand that I am responsible for changes not paid by my insurance carrier, unless the carrier and Gagneja Health have agreed otherwise.

I have read the financial policy above. I understand and agree to it.

Full name (print): _____	Relationship to patient: _____
Signature: _____	Today's Date: _____