Main Line HealthCare
Physician Network

ADMINISTRATIVE AUTHORIZATIONS

1. **Financial Authorizations**

Main Line HealthCare (MLHC) physicians and staff are committed to providing you with high quality care. We will be happy to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship.

a. Participating Insurance Plans

Main Line HealthCare participates with a variety of commercial and government insurance plans. For a full list of participating plans, please visit https://www.mainlinehealth.org/patient-services/patient-billing/insurance-accepted.

If you are covered by any of these insurance plans, it is necessary for you to provide our office staff with the required information that enables us to bill your insurance plan. In some circumstances, even participating insurance plans may leave a balance that you must pay. Patients are responsible to know the limitations, exclusions, deductibles, or co-pays associated with their insurance plan. Your doctor **may participate** with other insurance plans not reflected on the website. Please check with the practice office staff to see if we accept your insurance plan.

b. Non-Participating Insurance Plans

Office Charges: We cannot accept insurance for office charges from non-participating insurance plans. We will provide a receipt for you to submit a claim for reimbursement from your insurance company.

Inpatient, Nursing Facility, and Procedure Charges: If an inpatient service or office diagnostic /surgical procedure is performed, we will file an insurance claim as a courtesy to our patients. You must provide our office with specific insurance company information in order for this claim to be filed. If payment has not been received after 30 days, the balance will be transferred to your responsibility. We will not become involved with disputes between you and your insurance company regarding deductibles, co-insurance, covered charges, secondary insurance, "usual and customary" charges, etc., other than to supply factual information as necessary. As the insurance policy holder, you are responsible for timely payment of your account.

Main Line HealthCare does not accept discount cards.

c. Payment

Full payment is due at the time of service, unless previous arrangements have been made. In the case of a minor, the patient's accompanying adult, parent, or guardian is responsible for payment at the time of service. This includes all insurance co-pays.

WE ACCEPT CASH, CHECK, VISA, MASTERCARD, AMERICAN EXPRESS AND DISCOVER CARDS.

Return Check Fee: There will be a transaction fee of $15 for any check that is returned for insufficient funds.

Delinquent Accounts: An account is considered past due 30 days following billing unless other arrangements have been made. Unpaid accounts beyond 90 days are considered delinquent and may be forwarded to a collection agency.

Missed Appointments: We would appreciate your help and the courtesy of a call if **you are unable to keep your scheduled appointment. Please notify our office at least twenty-four (24) hours prior to your appointment**. We reserve the right to charge a missed appointment fee for each appointment that is not canceled in a timely manner.

d. Patient Acknowledgments

Medigap (Medicare Secondary Insurance): I understand that Medigap benefits will be made either to me or on my behalf to Main Line HealthCare for any services furnished to me by a MLHC physician.

Pennsylvania Medical Assistance: I understand that payment for service(s) or items received will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of material may be prosecuted under applicable Federal and State laws.

Assignment of Commercial Insurance Benefits: I authorize payment directly to Main Line HealthCare for medical benefits, including any major medical benefits otherwise payable to me under the terms of my policy, but not to exceed the balance due. In making this assignment, I understand and agree that I am financially responsible to MLHC for charges not paid by health insurance. I permit a

copy of this authorization to be used in place of the original.

e. Guarantee of Account (Main Line HealthCare)

For and in consideration of services rendered by Main Line HealthCare to the below named patient, the undersigned (jointly and severally if more than one) guarantees payment of all charges incurred for said patient in accordance with the policy of payment of such bills.

2. Release of Information (Including Medical Record Information):

I authorize Main Line HealthCare to furnish Protected Health Information (PHI), demographic, and other information from my medical record, as well as other information about me maintained by Main Line HealthCare, such as billing records, to my insurance company, third party payers, accountable care organizations, case utilization and managed care review organizations, including past or present employer(s)in the case of Workers' Compensation, which may be necessary in order for Main Line HealthCare to receive payment or obtain authorization for my care. I further authorize PHI, demographic, and other information from my medical record to be released to any health care provider, pharmacy, or institution providing health care, pharmacy or social services to me including, but not limited to, all Main Line HealthCare affiliates. Consent is also given for release of information to Main Line HealthCare by any insurer and all other agencies, pharmacies, institutions, or individuals from whom I have received or will receive medical, pharmacy or social services. This authorization does not cover requests from other parties seeking information regarding my account.

3. Photography Consent:

I authorize Main Line HealthCare, its employees and agents to take or record photographs, videotapes, digital or other images of me for the purposes of treatment, identification, education within the institution and documentation of my medical condition or course of treatment in the medical record. I am also aware that in certain clinical areas, video monitoring may be utilized. I understand that in all instances patient confidentiality will be preserved.

4. Health Information Exchange:

A health information exchange (HIE) is a network that allows participating healthcare providers and their billing companies, insurers, health plans, and accountable care organizations to share electronically patient PHI for treatment, payment, health care operations purposes and other lawful purposes as permitted by law. HIEs make it possible for us to electronically share patients' PHI to coordinate their care, obtain billing information and participate in quality improvement activities, among other things (Permitted Purposes). Main Line Health participates in various HIEs from time to time solely for Permitted Purposes. I understand that sensitive information such as mental health, drug and alcohol treatment, HIV-AIDS status and sexually transmitted diseases may be contained in certain documents accessed through the HIEs and I consent to this. For more information on the HIEs or to opt out of sharing your information in or through an HIE(s), please see the Main Line Health Notice of Privacy Practices available on the Main Line Health website at www.mainlinehealth.org.

5. Authorization to Pursue Grievances:

I authorize Main Line HealthCare to file grievances with any insurance company, third party payers, case utilization and managed care review organizations which may be necessary to challenge denials of authorization or payment for a health care service. I understand that any medical care I receive is not premised on this authorization to file grievances and I understand that I may revoke this authorization allowing Main Line HealthCare to pursue grievances on my behalf at any time during the grievance process, by providing written notice to Main Line HealthCare. Finally, I understand that if Main Line HealthCare files a grievance to challenge denials of authorizations or payment for health care services on my behalf, I will not be able to file a separate grievance on the same grounds.

6. Claims:

I agree that if I bring a claim or legal action of any kind that relates to my care or the medical services provided by Main Line HealthCare, its employees or agents, I will file those claims or actions only in the Commonwealth of Pennsylvania, Court of Common Pleas of the County in which the care and treatment took place.

I hereby certify that I have read and fully understand the above consent. I have had sufficient opportunity to ask whatever questions I might have and they have been answered to my satisfaction. I voluntarily and freely consent to the above and accept its terms.

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Signature of Patient or Authorized Representative Date

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Relationship to Patient