



Joseph J. Pietrafitta, M.D., P.A. (dba Maple Grove Surgical Specialists) Credit Policy

Dear Patient:

The primary goal of Joseph J. Pietrafitta, M.D., P.A. (dba Maple Grove Surgical Specialists) is to ensure that each patient receives quality medical care at a reasonable fee. With this in mind, the Clinic has adapted the following credit policy:

For those patients with no **insurance coverage or large deductibles**:

- ▶ Payment is due on the day medical services are rendered, unless payment arrangements have been approved in advance by our staff.
- ▶ The Clinic will issue a monthly statement of your account. Balances will be due in 30 days. For those on payment plans, payments are due every 30 days.

For those patients with **insurance coverage**:

- ▶ The Clinic will file your claim with your Primary carrier.
- ▶ The Clinic will file claims with Secondary or Supplemental carriers after the Primary carrier has processed the claim.
- ▶ The Clinic will issue a monthly statement of your account after all insurances have been processed **or** if you have a balance on your account.

Joseph J. Pietrafitta, M.D., P.A. would like to emphasize that our financial relationship is with you, our patient, not your insurance company. All charges are your responsibility from the date of service and you may be required to follow-up with your carrier to assure appropriate and prompt payment.

Our fees fall within the acceptable range by most companies, and therefore, are covered up to a maximum allowance determined by each carrier. This applies to companies who pay a percentage of usual, customary, and reasonable (U.C. & R.) charges for this region. Other companies reimburse on an arbitrary "schedule" of fees that has no relationship to the current standard and cost of care in this region. Also, not all services are a covered benefit in all contracts. These charges will become the responsibility of the patient.

We do realize that temporary financial problems may affect timely payments on your account. If such circumstances do arise, we encourage you to contact our Business Office for assistance in the management of your account. At ninety (90) days accounts are considered delinquent and collection steps are commenced.

Your cooperation is appreciated. Please contact our office at 763-416-0676 if you have any questions regarding this policy or your insurance coverage.

Thank you.

Patient or Authorized Signature: _____

Date: _____