**PPC BILLNG AGREEMENT**

At PPC, we do not use an outside billing agency and thus we cannot offer all of the services available with large billing companies such as credit card payment processing. However what we can provide that a large billing agency cannot is personal service and the ability to work with patients and families to resolve billing issues. Below are the patient billing and payment responsibilities that we are asking that you, as the patient or an individual authorized to act on behalf of the patient; read, acknowledge and agree to as follows:

* That you shall provide accurate insurance information before the first visit and with any subsequent change in your insurance coverage including obtaining pre-authorizations and referrals. If we receive inaccurate insurance information we will be unable to bill correctly and we will have to bill you directly.
* If you are of Medicare age and have primary insurance other than Medicare, we will need to verify your insurance to be sure that we can accept it. Please do not give us your Medicare card if you are not part of Medicare B. If we are not given the correct insurance card and the charges are rejected, you agree you are responsible to pay the charges for all services rendered.
* You agree you are responsible for all deductibles, co-pays, and other charges for all services rendered and not paid for by insurance. **Please note that the Medicare deductible is required to be paid at the start of every year before Medicare begins paying for services.**
* As a courtesy to you, our patient, we will submit a claim for payment to your insurance company; however, if several attempts we are unable to recoup insurance payment from either a primary or secondary insurance, please understand that you agree to guarantee and accept all financial responsibility to pay PPC for the billed services and to rectify your insurance reimbursement issue.
* **If you fail to show up for your scheduled appointment without first notifying us of the need to cancel or re-schedule that appointment within 24 (twenty-four) hours advanced notice, you acknowledge and agree to pay a missed appointment charge of $50.00 (fifty dollars).**
* All patients are welcome to discuss billing issues with our Office Manager, Pat Cernik. She can be reached by phone at (410)531-2355, or via e-mail at [billing@ppcmd.com](mailto:billing@ppcmd.com).

**I have read and understand this Billing Agreement and by signing below agree to the billing and payment responsibilities as a patient, guardian or authorized acting Power of Attorney for a patient of PPC as described herein.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient/Guardian/Power of Attorney (Please circle one)

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient/Guardia/Power of Attorney (Please circle one)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_