

Payment Policy

Payment Policy

SVHC Urgent Care accepts most major insurance. However, SVHC Urgent Care may not participate in your specific insurance plan. Please check with your insurer to determine if your visit to SVHC Urgent Care will be considered an in-network service and to receive information on the estimated amount you will be required to pay (including cost-sharing amounts like deductible and co-pays).

If You Do Not Have Insurance:

Insurance coverage is not required to receive services. We offer a competitive Prompt-Pay program for those who do not have insurance, if we are unable to accept your insurance, or if we are unable to verify your insurance eligibility. Payment is required at the time of service.

For Contracted Plans (“in network”):

If required by your health insurance plan, a co-payment will be collected at the beginning of each visit and can be paid in any manner you choose. Additionally, you will be asked to provide a credit or debit card to cover any portion of your bill that is determined to be your responsibility by your health insurance carrier. In some cases, exact insurance benefits cannot be determined until the insurance company receives the claim.

Please note that although we are contracted with your insurance carrier, not all services may be covered. If you are seeking a service that is not medically necessary, is not covered by your plan, or is not covered by our contract with your insurance carrier, you will be responsible for paying all charges associated with your visit today or in the future, as determined by SVHC Urgent Care or your health insurance carrier. If you are seeking testing for COVID-19 and do not present with symptoms (i.e., are asymptomatic) or are seeking services related to a COVID-19 antibody test, you understand that these services are not medically necessary and are not covered by our contract with your health insurance carrier; therefore, you understand and accept that you are financially responsible for payment for such services.

You may request disclosure of the allowed amount for the services you receive today. Due to the nature of urgent care services SVHC Urgent Care may not be able to provide you with a specific amount in advance as we cannot predict in advance the specific treatment or diagnostic codes applicable to your service. The estimated maximum allowed amount your health insurance plan has contractually agreed to pay for a basic urgent care visit may be up to \$250, and up to \$1500 for a complex visit including procedure(s) or multiple services. Please note that this does not represent your out-of-pocket cost. You may request additional information about any applicable out-of-pocket costs by contacting your health insurance carrier. Please call the number on the back of your insurance card or visit your health insurance carrier’s website. SVHC Urgent Care does not charge a facility fee for your service.

For Non-Contracted Plans (“out of network”):

You may be able to obtain the health care services you are seeking today at a lower cost from a provider who participates in your health care plan. Please contact your health plan at the number on the back of your insurance card or refer to your health plan’s website.

If the insurance verification process determines that a co-payment is required, it will be collected at the beginning of each visit and can be paid in any manner you choose. Additionally, you will be asked to

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provide a credit or debit card to cover any portion of your bill that is determined to be your responsibility by your health insurance carrier. In some cases, exact insurance benefits cannot be determined until the insurance company receives the claim.

Due to the nature of urgent care services, SVHC Urgent Care may not be able to provide you with a specific charge amount in advance as we cannot predict in advance the specific treatment or diagnostic codes applicable to your service. The estimated charge for services that will be submitted to your health insurance carrier may range from \$250 for a basic urgent care visit to \$1500 for a complex visit including procedure(s) and/or multiple services. Please note this does not reflect your out-of-pocket cost; however, you will be responsible for the amount of any charges not covered by your health plan. You may request additional information about your out-of-pocket costs by contacting your health insurance carrier at the number on the back of your insurance card or refer to your health plan's website. SVHC Urgent Care does not charge a facility fee for your service.

Financial Responsibility

I am voluntarily seeking medical treatment and understand that I am financially responsible for payment of this account regardless of insurance or third-party involvement. I understand that payment for services may not be fully covered by my health insurance plan, whether or not SVHC Urgent Care is an in-network provider for my plan. I have been provided an estimate of the allowed costs that will be submitted to my health insurance carrier and information about how to obtain more information about my out-of-pocket costs. If the account is sent to an attorney or collection agency, I will be responsible for any agency or collection fee and/or court cost. It is my responsibility to notify the organization of any changes in my health care coverage.

Assignment of Benefits

I request that payment of authorized insurance benefits, including Medicare and/or Medicaid, be made on my behalf to the SVHC Urgent Care for any equipment or services provided to me by that organization.

Any comments, questions or inquiries should be directed to:

ClearChoiceMD, PLLC 10
Ferry Street, Suite 302
Concord, NH 03301

Patient/Guardian Signature: _____ Date: _____

Patient/Guardian Printed Name: _____

SEE OTHER SIDE