



Comfort & Care Medical
2600 Philmont Ave, Suite 109
Huntingdon Valley, PA 19006

FINANCIAL POLICY

As a DME (Durable Medical Equipment) provider, Comfort & Care Medical is committed to providing our customers with a valuable service in meeting their healthcare needs. Please be advised of Comfort & Care Medical financial policy and what this means to you.

1. As a courtesy to you, Comfort & Care Medical will bill 100% of the charges to your insurance company (for insurance billable items), IF complete insurance information is provided to our office.
2. Comfort & Care Medical will follow insurance company guidelines in performing benefit checks and pre-authorization (if needed). This does NOT guarantee payment nor does it absolve you of financial responsibility. Since your contract/benefits are between you and your insurance company, our office cannot negotiate a settlement on a disputed claim.
3. Insurance may not pay for all of your healthcare costs even when the product/service is prescribed/ordered by your physician. You are ultimately responsible for all co-pays, deductibles and non-covered services or denied products.
4. We make every effort to obtain appropriate payment from your insurance company in a timely manner. Due to certain regulatory requirements of your insurance plan, additional information may be required from your prescribing provider before we can submit your claim for consideration. This may cause a delay in processing your claim.
5. Failure to pay in a timely manner will result in moving your account into the past due process, which starts the collection procedure and could impact any future order needs you may have.

Print Name: _____

Social Security#: _____ Date of Birth: _____

PLEASE SIGN HERE:  _____

Insurance Disclaimer:

“A quote of benefits and/or authorization does not guarantee payment or verify eligibility. Payment of benefits are subject to all terms, conditions, limitations, and exclusions of the member’s contract at time of service.”

Insurance Liability for Payment: Your health insurance company will only pay for services that it determines to be “reasonable and necessary.” Every effort will be made by this office to have all services and procedures preauthorized by your health insurance company, when applicable. If your health insurance company determines that a particular service is not reasonable and necessary, or that a particular service is not covered under the plan, your insurer will deny payment for that service. We suggest to all patients that they contact their insurance to confirm that these services are covered.

Under this arrangement, you are responsible for paying your co-pay, any non-covered portions, and any deductible you have yet to cover. In addition, if your insurance company does not pay for our services, you agree to pay for the services provided in our office.
