GARRISON CITY THERAPY SERVICES

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Financial Policy 2026

Garrison City Therapy Services (GCTS) is a participating provider for **Aetna, Ambetter, AmeriHealth Caritas, Blue Cross/Blue Shield, Cigna, Harvard Pilgrim Healthcare, Health Plans, Inc., Martin's Point Health Care, Mass General Brigham Health Plan, NH Healthy Families, NH Medicaid, Tricare East, Tufts Health Plan, United Healthcare and Well Sense**. Patients with these insurance plans will be required to pay the deductible, co-payments, co-insurance and non-covered services (i.e., consultations, attendance at IEP meetings) if applicable at the time of service. GCTS **DOES NOT** accept **Medicare**. It is the patient's responsibility to provide/disclose **ALL** active insurance policies to GCTS **PRIOR TO** services being rendered. If all active insurance policies are not provided according to these guidelines, you will be **100% responsible for the bill** if insurance denies services for **ANY REASON.** If your insurance policy lapses for any reason, you will be **100% responsible for the bill.**

Please provide credit card information to be maintained on file:
Your account will be automatically charged on the date of service for co-payments, co-insurance and deductibles. Your account will be charged within 5 days of receiving adjudication from your insurance for the patient balance due if there is one.

Credit Card # __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ **Exp Date:** ____/____

Name on Card: _____ __ _____ **3-digit CVV#** ___ ___ ___
First **MI** **Last**

Billing Zip Code: _____

For non-participating insurance plans or for patients without insurance benefits, payment is due in full on the day of service. A detailed receipt will be provided to those with non-participating insurance plans to submit for coverage of out-of-network benefits.

If insurance payments have not been received by GCTS within **45 business days** from the date of service, you will automatically be billed for the total due. You will be issued a refund check if/when a payment is received by the insurance company.

Patients/legal guardians are responsible for maintaining their insurance policies. If policies become inactive for any reason and services are rendered, **the patient is responsible for the bill in full on the date of service** or upon receipt of the Explanation of Payment from the insurance company. If payments have been recouped by your insurance company, for any reason, you will automatically be billed for the total amount due.

Professional services are rendered and billed to the patient, **NOT the insurance company**. GCTS will submit claims to the above listed insurance companies directly as a courtesy to you. GCTS is not employed by the insurance company. If for **any reason** the insurance company denies payment, you are **responsible for the total amount billed to you.**

Patients/legal guardians are responsible for knowing their insurance benefits. Please be sure to review your insurance booklet and policy **AND** contact your insurance company's Benefits and Eligibility Department to determine if services are covered and what is required before the initiation of services.

By signing below, you agree to the above financial policy and understand that if your account becomes delinquent, you will be responsible for collection agency fees and/or attorney/court fees. There will be a $50.00 charge for returned checks and either a $25.00 or 50% service charge per month (whichever is less) for invoices not paid within 30 days of the invoice date. GCS accepts cash, checks, money orders or major credit cards as payment.

Print Patient's Name:_____

Patient's Signature:_____ Date: _____

garrisoncityspeech.com