Northern Lights Psychiatry LLP

Billing & Payment Policy

We want our billing process to be clear, predictable, and respectful of our patients. This policy explains when payments are due, how we handle insurance balances, the payment methods we accept, and the options available if you receive a larger-than-expected bill.

Insurance Claims

If we bill your insurance, we will generally wait for your insurance company to process the claim before collecting the remaining balance.
After your claim is processed, your insurance company determines the amount you are responsible for. This may include your copayment, deductible, coinsurance, or services not covered by your plan. Insurance verification and benefit information provided before your appointment are estimates and are not a guarantee of coverage or payment.

Accepted Payment Methods

Northern Lights Psychiatry LLP accepts the following payment methods:

- Credit Cards & Debit Cards
- HSA (Health Savings Account) cards
- FSA (Flexible Spending Account) cards
- CareCredit, when available and approved, for eligible financing options

CareCredit is a third-party financing option subject to its own application, approval, terms, interest rates, and repayment requirements. Approval for CareCredit is determined by the financing provider, not Northern Lights Psychiatry LLP.

Card on File Requirement

Northern Lights Psychiatry LLP requires patients to maintain a valid payment method on file. Your card may be used for amounts you owe under this policy, including copayments, deductibles, coinsurance, self-pay services, and other patient-responsibility balances.
We understand that larger or unexpected medical bills can be difficult. For that reason, we do not automatically charge every balance to your card.

How We Handle Balances

Balance Amount	What to Expect
Under $200	After insurance has processed your claim, the balance may be automatically charged to your

Balance Amount	What to Expect
	card on file in accordance with your payment authorization.
$200 – $499.99	We will review the balance before charging your card. You will receive an invoice or notification explaining the amount due before payment is processed.
$500 or More	We will review the balance and contact you directly before charging the full amount. When appropriate, payment-plan or financing options may be discussed.

Payment Plans & Financing Options

If you receive a larger balance and cannot pay it in full, please contact us. We want to work with you. Depending on the circumstances, options may include:

- Dividing an outstanding balance into payments over the remaining months of the calendar year.
- Another payment arrangement approved by our billing department.
- Using CareCredit for eligible financing, subject to approval and CareCredit's terms.

A practice payment plan applies to an existing balance only unless we specifically agree otherwise. Future appointments and new charges are expected to be paid at the time of service, even when you have a payment plan for a previous balance, unless another arrangement has been approved.

Advance Notice of Larger Charges

For post-insurance balances of $200 or more, we will provide notice before processing payment. This gives you an opportunity to:

- Review the balance and your insurance Explanation of Benefits (EOB).
- Contact us about a possible billing or insurance issue.
- Update your payment method.
- Ask questions about the balance or discuss available payment options.

For balances of $500 or more, we will make a reasonable effort to contact you directly by email or telephone before collecting the full balance.

Charges Due at the Time of Service

Some charges may be collected at the time services are provided rather than after insurance processing. These may include copayments, established deductible amounts, self-pay services, non-covered services, testing, or other charges known to be the patient's responsibility.

Account Support & Special Circumstances

Billing Errors & Inquiries

Please contact us at billing@northernlightspsychiatry.com if something does not look right. If there appears to be an insurance-processing or billing issue, we will review the account before proceeding with collection when appropriate. This includes issues involving claim processing, eligibility, coordination of benefits, coding, insurance payments, or contractual adjustments.

Declined Payments

Patients are responsible for keeping an active and current payment method on file. If a payment is declined, we will contact you and ask you to update your payment information or make another approved payment arrangement. The balance must be cleared or a payment arrangement made to avoid an interruption in receiving routine services.

Financial Hardship

We understand that financial circumstances can change. If you are experiencing difficulty paying a balance, please contact our billing department as soon as possible so we can discuss available payment arrangements.

Questions About Your Bill?

Northern Lights Psychiatry LLP
15 Constitution Drive, Suite 1A
Bedford, NH 03110
Phone: 603-718-3939
Billing Email: billing@northernlightspsychiatry.com
Website: northernlightspsychiatry.com

Patient Acknowledgment

By signing our financial consent, you acknowledge and agree that:

- Northern Lights Psychiatry LLP requires an active payment method on file.
- Accepted payment methods include credit/debit cards and eligible HSA/FSA cards.
- CareCredit may be available as a financing option, subject to third-party approval and terms.
- You are responsible for amounts assigned to you by your insurance plan.
- We generally wait for insurance to process applicable claims before collecting post-insurance balances.
- Post-insurance balances under $200 may be automatically charged to your authorized payment method.
- Balances of $200 or more will be reviewed and you will receive notice before payment is processed.
- For balances of $500 or more, we will contact you before charging the full balance and may discuss payment-plan or financing options.

- If you establish a payment plan for an existing balance, future visits and new charges remain due at the time of service unless another arrangement has been approved.
- You are responsible for keeping your insurance and payment information current.

Patient Name: _____
Patient Signature: _____
Date: _____