

**GALBRAITH FAMILY MEDICINE, LLC**  
**44 ELM STREET**  
**LIMERICK, MAINE 04048**  
**PHONE (207) 793-9586**  
**FAX (207) 793-9587**

**PAYMENT POLICY**

(Revised 2/18/13)

In accordance with the terms of your insurance policy, co-pays must be paid at the time of your visit.

If you have no insurance or choose to avoid submitting an insurance claim, we offer a 40% discount if full payment is received on the day of the visit.

As a convenience, we accept personal checks. Returned checks due to insufficient funds lead to additional work and cost. For this reason, we charge \$25 for each returned check. The firm we work with, ReSubmit It, also charges you a state-regulated fee for their efforts to work with your bank to make good on the check.

After your insurance claim is processed, you will receive a bill for any balance not paid by your insurance plan. This requests the standard payment of the balance within 30 days.

If you are having trouble making the full payment, please contact us to make arrangements for a workable payment plan; however, as we are not a designated creditor, balances should be paid in no more than 4 payments. Any unpaid balance will carry through for 90 days at which time you will receive a final bill, giving you 10 days to pay the overdue balance or risk being sent to collections. Not only is this damaging to your credit rating, it also undermines the trust of the doctor-patient relationship and could lead to being discharged from the practice.

We want to provide you with quality health care, but the practical reality of the cost of providing this service is real. Please help us to continue to be here to serve the health needs of the community.