

## Office Policies

Please initial in all spaces marked “\_\_\_\_\_int.” and sign and date the last page of this form.

### Financial Policy

Each insurance plan has specific benefits, requirements and rules that must be followed by providers and patients. Please familiarize yourself with this information for each of your health insurance plans.

**Patients are responsible for the payment of all services provided by our office.** It is our policy to file, with many insurance companies, as a courtesy to you if we have **accurate** and **complete** insurance information. The balance is still your responsibility if we have not received payment from the insurance company within 30 days. If we receive duplicate payment from the insurance company, we will then prepare a refund for any overpayment and send it to you.

Since we are not party to the agreement between you and your insurance company, we ask that you assist us in contacting them in the event that services are not paid within 30 days.

Insurance co-payments, co-insurance and deductibles are due at the time of the visit. You may be asked to reschedule your appointment if you do not have your co-payment. Cash, personal checks and credit cards (Visa, Mastercard) are accepted forms of payment. There is a \$50 fee for returned checks. \_\_\_\_\_int.

Insurance companies do not waive copays for non-preventive related treatment. Per the Board of Medicine, preventive care is for screening purposes only and DOES NOT include treatment of illness/health problems/symptoms. If you come in for a physical exam/preventive care visit and also complain of a symptom, illness or health problem, you will be required to pay your copay for the illness-related portion of your visit. \_\_\_\_\_int.

Patients who do not have insurance that we accept or who are uninsured, are considered “SELF PAY” patients. For these patients, payment is due in full at the time of service. This will assist us in reducing the cost of billing and operation expenses. \_\_\_\_\_int.

In our partnership with you to provide efficient health care, we ask that you:

- Provide us with current and updated information on yourself and your insurance company and keep all changes up to date. \_\_\_\_\_int.
- Discuss your account balance only with the front desk or contact the billing department. **Please do not discuss the financial aspects of your care with the physician(s) or physician’s assistant(s).** It is important for them to be allowed to practice medicine and provide patient care. Please work with the office staff on any account questions or problems you may have. If they cannot help you, or answer your questions to your satisfaction, then please do not hesitate to contact the office manager. \_\_\_\_\_int.
- Note that in the event you file Bankruptcy, our office will no longer treat you and will forward your medical records to the provider of your choice. \_\_\_\_\_int.
- Note that we reserve the right to make adjustments to your account in the event that services rendered are inadvertently not billed and/or collected. Some visits performed by the nursing staff, without seeing a doctor, are considered an office visit and fees will be charged accordingly. \_\_\_\_\_ int.

**Missed/Cancelled Appointments** 24 hours notice is required for all appointment cancellations. A no show fee of \$50.00 will be charged if appropriate notice is not provided. This fee is billed directly to you and must be paid prior to scheduling another appointment.

**Late Arrivals** If you arrive late for an appointment, you may be asked to reschedule. We will try our best to work you back into the schedule but will honor on-time patient's appointments first.

**Prescription refills** To reduce errors, prescription refills will be provided at routine follow up visits only. Please do not let yourself run out of your medications. Schedule an appointment for medication refills well in advance of taking the last of your medications.

No prescriptions will be refilled after hours or on the weekend.

**Referrals** Patients who would like a new referral must be evaluated by one of our providers. Updates for established referrals will be processed within 48 hours after receiving the patient's request. Authorized referrals to urgent care facilities will be processed within 12 hours. Backdated referrals will not be issued.

**Result Notification** Lab result notifications usually occur 10 to 14 business days after the date the labs were drawn. Radiology result notifications usually occur 3 to 5 business days after testing.

**Medical Records** Medical records are protected under HIPAA regulations. All requests for medical records must be made in writing with signed consent. You can request your medical records by filling out the Medical Record Request form. Once your request is received, please allow up to 10 business days to honor your request. There is a fee for medical record reproduction based on the number of pages for the personal copy or permanent transfer of your records. You will be contacted when your records are ready for pick up.

**Fees for Letters and Forms** Please be advised that due to the time required to dictate and complete letters and forms there will be a fee for this service. These costs are considered non-covered by insurance companies and will be your personal responsibility. Documentation of treatment, based on your visit, is required for completion of all letters and forms. The practice reserves the right to deny completion of any form(s) or letter(s) should there be lack of medical documentation.

There is a pre-paid form fee of \$10 per page for each medical leave form. Once the form and payment are received, it takes approximately 5 business days for each form to be completed.

**Office Etiquette** Please refrain from using cell phones in the reception area or while in the room with the physician. Small children should be accompanied at all times by their guardian. Please refrain from eating and drinking in the reception area to maintain a clean and comfortable environment.

I have read, understand and agree to the above office policies.

\_\_\_\_\_

Print Patient Name

\_\_\_\_\_

Date

\_\_\_\_\_

Patient/Guardian Signature

\_\_\_\_\_

Date