

Office & Financial Policies

Insurance Coverage: Knowing your insurance billing information and benefits is ***your responsibility***. Due to the many changes in insurance policies, it is no longer an easy task to interpret each individual policy. We encourage you to be aware of the coverage and benefits of your policy. Failure to do so could result in you, the patient, being responsible for costs incurred due to limitations in coverage.

INITIAL

Copayments: Copayments are due at the time of service. **If you are unable to pay your copay at the time of visit, a \$10 charge will be added to your balance.**

INITIAL

Deductibles/Co-Insurance: All deductible and co-insurance amounts are patient responsibility. We prefer to collect up front toward anticipated deductible/co-insurance balances. We do understand this is not always possible. In these cases, you will be billed after your insurance has processed the claim.

INITIAL

Claims Submission: As a courtesy, we will submit your claims and assist you in any way we reasonably can to help get your claims paid. **Please be aware that the balance of your claim is your responsibility whether your insurance company pays your claim or not.** Your insurance benefit is a contract between you and your insurance company; we are not party to that contract. Your insurance company may need you to supply certain information directly to them. It is your responsibility to comply with their request.

INITIAL

Changes in Insurance Coverage: If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefit. ***If your insurance company does not pay your claim in 45 days, the full charge amount will be billed to you.***

INITIAL

No-Show/Same Day Cancellation Policy: When you do not call to cancel an appointment in a timely manner, you may be preventing another patient from getting much needed treatment. Someone else's failure to cancel may prevent you from receiving treatment. We perform reminder calls as a courtesy. These are not confirmation calls, as you scheduling the appointment is your commitment to keep it. A **24-hour notice** is required to cancel or change your appointment. ***Habitual no shows and/or same day cancellations may result in discharge from the practice.***

INITIAL

No-Show:** There will be a **\$50 fee**. This fee is not covered by your insurance and is due ***prior to your next appointment.

Same Day Cancellation:** There will be a **\$25 fee**, if the appointment is rescheduled at the time of cancellation. There will be a **\$50 fee**, if the appointment is **NOT** rescheduled at the time of cancellation. This fee is not covered by your insurance and is due ***prior to or at your next appointment.

Arriving Late for Appointments: We realize that life is not always predictable and can cause you to be late for your scheduled appointment time. We will make every effort to squeeze you into the schedule, but you may have to wait behind patients who have shown up on time for their scheduled appointments. Alternatively, we'll be happy to reschedule you to a more convenient time.

INITIAL

Self-Pay Policy: We offer a 20% prompt-pay discount to our normal fees as a courtesy for our patients without insurance. Payment is **due at the time of service** in order to receive this discount. If payment is not made at the time of service, the discount is revoked, and the full visit charge will be due and subject to our normal account balance policies.

INITIAL

INITIAL

Account Balances: *We require that account balances are paid to zero (\$0) prior to receiving further services by our practice,* except for emergency illnesses. Finance charges of 1.5% (or \$.50, whichever is greater) per month will accrue on all accounts 60 days past due to cover expenses due to sending multiple statements. The patient is financially responsible for all charges incurred due to debt collection.

INITIAL

Returned Checks: Should a personal check payment be returned to us from the bank, that payment will be removed from your balance, and a **\$25 fee will be assessed.** In addition, we will ask that any future payments are made either by cash or credit card. No personal checks will be accepted.

INITIAL

Payment Plans: Patients who have questions about their bill or who would like to discuss payment options may call 321-453-5252 and ask to speak to our billing manager. **Patients who agree to an Automatic Credit Card Installment Payment Plan can then continue to schedule future appointment as long as all required minimum payments are made** on or before the required payment due dates.

INITIAL

Collections: If your account is over 120 days past due and you have not contacted us to set up an Installment Payment Plan Agreement, you will receive a letter stating that you have 15 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. ***Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you, and your immediate family members may be disengaged from this practice.*** If the decision is made to disengage you from the practice, you will be notified that you have 30 days to find alternative medical care, during which time, our physician will only be able to treat you on an emergency basis. After a balance is referred to collections, all payments must be made to the collection agency directly.

INITIAL

Completion of Forms (Medical Equipment, Disability Forms, etc.): We prefer to complete forms as part of an office visit with you for better accuracy. Outside of that, a **\$25-50 charge will be assessed for the completion of forms.** The charge varies depending on the length of the form and the time needed to complete, and it will need to be paid before the form will be completed. Please allow up to 3 (three) business days for a form to be completed. You will be contacted when forms are ready to be picked up from our front office.

INITIAL

Referrals and Authorizations: Requests for referrals to specialty care ***will require an appointment.*** We want to make sure that you are referred to the most appropriate specialist for your condition. In some cases, your condition can be managed without the need to see specialists. At your appointment, you can discuss and develop a care plan with your physician. **Please be aware of your insurance benefits, as some plans require prior authorization before being seen by a specialist.** Failure to comply with this could result in you, the patient, being responsible for costs incurred due to limitations in coverage. All **Authorization** requests should come from the Specialist providing the requested service. Requests directly from the patient cannot be processed, as the proper information required is not provided. We process Referral and Authorization requests according to order received, as well as urgency. ***It is your responsibility to ensure that authorizations for your scheduled appointment or procedure are being requested on your behalf in a timely manner.***

***These policies are subject to change at any time, without notice. You may ask for a copy to review at any time.**

I, _____, have reviewed and understand the above policies.

Print Patient/Guardian Name

_____/_____/_____
Signature of Patient/Guardian Date of Birth Date