

## Office Policies & Patient Financial Responsibilities

Dear Patient,

The following information outlines our office policies and patient financial responsibilities. Please review and let our staff know if you have any questions or concerns.

### Insurance Coverage

Due to the many changes in insurance policies, it is no longer an easy task to interpret each individual plan. Please remember that your insurance policy is between you and your insurance company. Therefore, we urge you to call the number on the back of your insurance card if you have any concerns about coverage, and please remember that enrollment in an insurance plan is not a guarantee of payment.

### Office Visits and Payments

We require all PPO and HMO co-payments be made at the time of your visit. For your convenience, we accept Visa, MasterCard and debit cards. Payments by credit card may also be made over the phone directly with our office.

### Insurance Cards

If there are any changes in insurance, it is your responsibility to bring that to our attention immediately (even if you do not have your new insurance card). Delays in communicating insurance changes may result in the balance being uncollectible from the insurance company and full responsibility for payment falling upon the patient.

### HMO Insurance

We are a provider for HMO coverage through Monarch Healthcare only. If you have coverage through any other HMO plan (Bristol Park, Mission Affiliates, Greater Newport, etc.), it is your responsibility to bring that to our attention, and you should be prepared to pay for the visit at the time of service. Failure of our office staff to identify this information at check-in will not waive your responsibility for payment of these services.

### Medicare

Please be aware that some office visits and or procedures are not covered by Medicare on an annual basis. Please check with your local Medicare carrier for specific benefit guidelines.

### Obstetrical Care Payments

After your initial appointment has been scheduled, we will research your insurance coverage (copayments, coinsurance, deductible) and if necessary, provide you with a payment plan.

### Laboratory Services

Laboratory services will be billed by the lab to which they were sent, and you may receive a bill from the lab for any uncovered services, co-insurance or deductible that may be due. **NOT ALL LABORATORY TESTS ARE COVERD BY YOUR INSURANCE COMPANY.** It is your responsibility to check to see whether or not a test is covered. It is also your responsibility to know which lab your insurance company contracts with and to bring it to our attention.

**Returned Check Fee**

Checks returned to our office will be assessed a \$35 returned check handling fee.

**Medical Record Copies & Disability Paperwork**

There is a fee for medical record copies and the filling out of disability and family medical leave forms. Our staff can provide you with these fees.

**Non-Payment**

Delinquent balances may be turned over to a Collection Agency, and you will be billed the total amount due plus a 30% collection fee.

**No Show Appointments**

We recognize that unplanned issues come up for all of us, and request that you cancel your scheduled appointment a minimum of 24 hours in advance. This will enable us to fill your spot with someone needing an appointment. If our office is not notified according to these terms, you may be assessed \$25 for a missed appointment fee.

I understand that by signing below, I agree to the above terms.

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date