

OFFICE POLICIES AND PROCEDURES

IF YOU DO NOT HAVE INSURANCE:

You are responsible for payment of services at time of visit.

If you require surgery, the service must be fully pre-paid.

IF YOU HAVE INSURANCE IN WHICH WE DO NOT PARTICIPATE:

- Professional services rendered are charged to the patient not to your Insurance Company. Payment is expected at the time the services are rendered. We accept cash, credit cards and personal checks.
- Your Insurance Company might reimburse you for your payments if you have out-of-network benefits under your policy. You may request a "Patient Statement" at the time of your visit. Please attach this form to a completed insurance claim form which you obtain from your insurance carrier and submit to the insurance company according to their directions.

IF YOU HAVE A POLICY IN WHICH WE PARTICIPATE:

- You **MUST** present your Insurance Card at **EACH VISIT**. Notify us **IMMEDIATELY** of any insurance changes. We will bill your insurance company directly for our services. You are responsible to provide us with **CURRENT** and **ACCURATE** insurance information. You are fully responsible for fees incurred if we do not have your correct insurance information **AT THE TIME OF SERVICE**.
- You **MUST** notify us if you have **MORE THAN ONE INSURANCE**.
- **CO-PAYMENTS** for specialist office visit and radiological and surgical services must be paid **EACH** and **EVERY** time before you see the doctor. Otherwise we reserve the right to discontinue services.
- Some insurance plans have **CO-INSURANCE** for various procedures and services. You will be charged a **SECURITY DEPOSIT** in the amount equivalent to patient's responsibility portion. Should the charges differ from those you will see on the Explanation of Benefits, which you will receive from your insurance, the difference will be either reimbursed or balance billed to you.
- If your policy has a **DEDUCTIBLE** which is not fully met, you will be charged a **SECURITY DEPOSIT** for the services rendered at the time of each visit until the deductible is fulfilled. **THE DEPOSIT** will be reimbursed to you in the event that insurance company covers services rendered.
- Since eligibility verification and prior authorizations is not a guarantee of payment, the patient is responsible for all fees if services rendered are NOT covered by your insurance plan.

NOTE

Any charges which are the patient's responsibility are subject to a 10% annual interest charge if balance is more than 30 days past due.

ATTENTION

- If you are a member of *Oxford, HIP, Blue Cross and Blue Shield HMO plan, Aetna HMO plan, Health Plus, HCP, WellCare*, or other plan that requires a referral, you are responsible for obtaining and providing such referral for each visit and will not be seen without it unless the service is pre-paid by you.
- If your account is placed in collection for failure to pay any outstanding balance, we reserve the right to discontinue services. You are responsible for any bank charges associated with checks not honored by our bank.

I have received a copy of Privacy Notice Summary

I have received a copy of Patient's Bill of Rights and Responsibilities

Print Name of Patient/Responsible party: _____ **Date:** _____

Patient or Guarantor signature: (X) _____