

## IMPORTANT INFORMATION FOR OUR VALUED PATIENTS

### FINANCIAL POLICY

#### INSURANCE – CASH PATIENTS

Patients are financially responsible for services provided and are expected to pay at the time of service. As a courtesy, we will bill your insurance; however, you will need to provide complete billing information at the time of your visit. It is your responsibility to know exactly what procedures, visits, drugs and labs your plan covers. Any time that you receive a new insurance card, you must bring it with you so that we can update your chart. If we have to rebill because of incorrect insurance information, there will be a \$15.00 service charge.

We accept you as a patient with the understanding that you know your coverage and benefits. In the event that your insurance company denies a claim, payment for that date of service is due immediately upon receipt of statement.

#### HMO / PPO PATIENTS

If you are a member of an HMO/PPO, you are required by your health plan to pay a co-payment at the time of your visit. We cannot waive the co-payment amount as a contracted provider. Co-payments will be collected at the time of service. Non-covered services must be paid at the time of service. If our staff has to bill for a co-payment, there will be an additional \$15.00 service charge.

#### MEDICARE

We are participating providers in Medicare, which means that we accept Medicare assignment as payment in full, once your deductible and co-payments have been made. We will bill Medicare for you, as well as your supplemental insurance. You must provide us with valid cards from Medicare and other insurance. Without these documents we cannot bill your insurance and payment will be expected from you at the time of your visit. The patient is only responsible for the deductible, co-insurance and non-covered services. Co-insurance and the deductible are based upon the charge determination of the Medicare carrier.

#### CANCELLATIONS / NO SHOWS

If you are scheduled to see the physician and are unable to keep your appointment, please contact our office as soon as possible so we may schedule your time for another patient. If you cancel appointments with less than 24 hours notice, you may be subject to a charge consistent with the time allowed for the visit. Failure to show up for your appointments creates gaps in our schedule and affects our ability to provide appropriate care to all of our patients. "No Shows" and/or cancellations with less than 24 hours notice may result in a charge of \$50.00. **This charge is NOT covered by your insurance company.** Repeated "No Shows" or cancelled appointments, without at least 24 hours notice, may result in dismissal from our practice.

#### COMPLETION OF FORMS / PHOTOCOPYING OF MEDICAL RECORDS

Completion of various forms and/or letters will be charged a flat fee of \$25.00. If you are going to request your personal medical records you will also be charged a fee of \$25.00 and up depending on the thickness of your medical file.

If you are experiencing financial hardship, please speak directly with Dr. Stein regarding a possible payment plan.

We accept MasterCard and Visa. We **DO NOT** accept American Express or Discover.

A \$25.00 charge will be applied for all returned checks.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*I acknowledge that I have read the above financial policy*