

Internal Medicine & Pediatric Associates Office Policies

We understand that a visit to a new physician brings with it much anxiety. Included in that anxiety is the worry regarding costs. We fully agree that medical care can be costly and we want you to feel comfortable discussing any financial arrangements you may need with our office.

Upon registration we ask each patient/guardian to complete our "patient registration form." This allows us to gather appropriate information necessary for filling insurance claims on your behalf. Therefore, we will need to copy your insurance card as well as, perhaps, your driver's license. This form will be used as permission for such purposes as: release of medical information for insurance filling purposes, release of information to a consulting physician or a surgical specialist.

Your health insurance is an agreement between you and your insurance carrier to pay for medical care. Our office will file insurance claims as a courtesy to you. Of course, whatever balance remains, or is not covered by your insurance becomes your obligation to Internal Medicine & Pediatric Associates. As you are aware, "red tape" frequently interferes with prompt insurance payment. Should a significant delay in insurance payment occur, we ask that you be responsible for paying the bill to our office. We will continue to work with you to secure your prompt insurance reimbursement. There are, however, some insurance companies for whom this would not apply. **If you are a subscriber to a plan that does not require our direct participation you will be responsible for the payment of any balance due. We collect all co-pays at the time of your visit. If you do not have a co-pay then we will collect the appropriate percent or balance due. Please be certain to inform our office of any change of insurance coverage at the time of your office visit.**

We would also like to briefly discuss our office policy regarding divorce. We are well aware that many of our patient have been directly involved in this legal situation, however it is a private issue not a health care one. We will expect that the parent who represents himself or herself as the custodial parent/guardian will be responsible for the payment of the bill. We do not involve ourselves in any personal/legal disputes between our patients/guarantors. We will only bill the parent who is obtaining the care for their child. If you wish for the other parent (not signing for care) to be responsible for the payment it is your responsibility to obtain payment for yourself, our office only has a financial agreement with you as the custodial parent/guardian. **All co-pays are expected to be paid at the time of the visit, as well as any percentage which is patient responsibility. We do not bill both parents; we will only bill the parent who has signed as the guarantor on the account. If you have a question or problem understanding this information please speak with our Office Manager.**

Referrals are always a dilemma for both the patient and the physician. As the patient it is your responsibility to obtain a referral for any consultation, testing, x-ray, emergency care or surgery if it is required by your insurance plan. We will assist with obtaining the referral as your primary care physician. If you of your own violation seek care from a specialist or consulting doctor you must call us and let us know when your visit is scheduled so that a referral is processed. We will expect to receive **48 hours advance notice of an appointment. Failure to obtain this referral prior to the service will allow your insurance company to deny the claim (not pay).** In this event you will be responsible for the office visit and lab work. **If you have the need to go to an emergency room or immediate care center you must contact our office within 24 hours so that we can process a referral for your visit.**

Generally speaking, we will mail a statement to you on a monthly basis. You will not receive a statement on your account until your insurance company has met their obligation. **When you receive a statement in the mail you will know that the balance owed is now your responsibility.** You may additionally receive a bill from the hospital or laboratory for such services as lab work, x-rays, or hospital based procedures.

We hope that we have covered any financial questions regarding our office policies. If, at any time, you need to discuss financial problems, please talk to our Office Manager. We will always be willing to work with you on a payment plan as long as your intent to make payment is evident to us.

I have read and understand the above office/financial policies.

Patient

Date

Witness