

EINSTEIN PHYSICIANS MONTGOMERY FINANCIAL POLICY

This financial policy statement is intended to help provide our patients with the best possible care and service while keeping the costs from increasing at an unreasonable rate. We ask for your cooperation with our financial policy.

We participate with most insurance company programs, but not all. Please check with the Billing Department to see if we participate with your insurance.

If we do participate with your insurance company, all services performed in our office and at the hospital will be submitted to the insurance company, unless we have received prior notification of non-covered services. All copays and deductibles are the patient's responsibility. All copays will be collected at the time of service.

If we do NOT participate with your insurance company, this means that we will bill your insurance carrier but we will not accept their payment in full for the services performed. All insurance carriers have a schedule of fees from which they will pay; however, the physician fees may be more than what the insurance company will pay. Therefore, any balance not covered by the insurance company becomes the responsibility of the patient.

It is important for you to understand that your health insurance coverage is a business agreement between you and your insurance company to which you have both agreed. A doctor's bill is your responsibility to fulfill regardless of what arrangements you have negotiated with your insurance company.

HMO Insurance — Primary Care — As your Primary care practice/physician, it is your responsibility to make sure that this practice/physician is listed as your PCP on your insurance card. Any insurance denials due to the incorrect practice/physician will be billed to the patient and becomes the patient's responsibility.

Specialty Care — Managed care insurance may require referrals for services to specialists. It is the patient's responsibility to obtain the required referral prior to the time of the service. If a referral is not presented at the time of service, the patient will be responsible for payment in full for that service. All HMO patients are responsible for copays of varying amounts. Copayments must be paid at the time of service.

Payment for services performed — Payments can be made by the following: Cash, personal checks, money orders, Debit card, Visa, or Mastercard. We do not accept American Express. All returned checks will be assessed a \$20.00 charge. All payments are expected at the time of service and any outstanding balances are due within 30 days, unless prior arrangements have been made with the Practice Billing Coordinator. All balances that reach 90 days past due may be sent to a collection agency. Should your account be sent to a collection agency, you would be financially responsible for all collection fees and legal fees that our office incurs through the process utilized to collect the outstanding delinquent balance. Payment in full of any past due balance is expected prior to being seen in our office in the future. In addition, payment in full will be expected at the time of service for any future services.

Other Services, Charges and Patient Responsibilities:

The following services may have an administrative services charge that will be billed directly to you and are your responsibility for payment. Our practice is committed to providing the highest quality of service to our patients while keeping our charges for administrative services at or below the usual and customary charges of other medical practices in our area. All such administrative fees must be paid prior to scheduling future appointments.

- **Missed appointments** - Einstein Physicians Montgomery understand that situations arise in which patients must cancel appointments. It is therefore requested that if you must cancel your appointment you provide more than 24-hour notice. This will enable for another person who is waiting for an appointment to be scheduled in that appointment slot. We understand that special unavoidable circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived but only with management approval. Our practice firmly believes that a good physician/patient relationship is based upon understanding and good communication.
 - Patients who do not call to cancel their appointment with sufficient notice, and/or fail to arrive for their scheduled appointment will be considered as NO SHOW.
 - Patients who No-Show three (3) or more times in a 12 month period, may be dismissed from the practice thus they will be denied any future appointments.
 - Patients may also be subject to a \$25.00 fee for Primary care appointment No Shows or \$50.00 fee for Specialty care appointment No Shows.
 - The No Show fees are the sole responsibility of the patient and must be paid in full before the patient’s next appointment.

- **Form completion policy** - All forms requiring medical review and physician signature – including school, day care, and camp physicals, prior authorizations, FMLA, disability or other paperwork may be subject to an administrative fee. Administrative fees may be waived if the patient has a scheduled appointment in conjunction with forms completion. Please allow 5-7 business days for completion.

- **Nurse visits (99211)** - This basic office visit does not require a face to face visit with a physician, nurse practitioner, or physician assistant. It is usually provided by an RN, LPN, or medical assistant. Blood pressure checks are an example of a nurse visit. Your insurance may require you to pay a copay this visit.

- **Well Visit and Problem Visits** - If during the course of your preventive exam, the provider addresses a problem-related issue (i.e., itching, burning, depression, pain, rash, etc.) you may also receive an office visit charge. Your insurance may require you to pay a copay for the separate problem-visit charge on the same day.

There are times that due to the nature of your complaint your physician may not be able to perform your preventive exam and may need to focus specifically on your problem. In this situation we are required to charge an office visit and not a preventive visit. Your insurance may require you to pay copay for this visit

I have read and fully understand the financial policy set forth herein and I agree to the terms of this policy.

Signature of Patient/Guarantor

Date