

**OFFICE POLICY ON STANDARD INSURANCE AND MANAGED CARE INSURERS**

In order to accommodate the needs and requests of our patients, we have enrolled in numerous managed care insurance programs. While we are pleased to be able to provide this service to you, it is extremely difficult for us to keep track of all the individual requirements of the plans. Each one has different stipulations regarding how often services may be rendered and where those services may be performed.

Even within the same insurance company, the plans differ depending upon what type of contract your employer has negotiated. Since many insurance companies have multiple claims addresses which can change periodically, you will be asked to provide a copy of your insurance card with each visit. If you are not able to show us your insurance card, you will be expected to pay for all charges at the time of service.

Providing quality medical care for our patients is our primary concern. We are more than willing to provide that care within your insurance contract guidelines if you let us know at EACH time of service exactly what those guidelines are. *Unfortunately, if you do not inform us of any special requirement in your contract and we subsequently order services, such as lab work or hospitalization, that are not covered, we or the selected medical facility will have no choice but to bill you directly for those charges. Payment for those charges is then your responsibility.* With your cooperation and help, you should be able to receive all of the benefits offered to you and we will be able to concentrate on caring for your medical needs.

If your employer or insurance company requires any forms or documentation to be completed by our office, we will be happy to assist you. We require a minimum of 48 hours to complete the forms, and there is a \$10 charge per form, which must be paid before they are mailed or faxed, or when you pick them up.

Payment of copays are required at the time services are provided. Tissue reports and laboratory tests are billed to your insurance company by the reference lab. You may receive a separate bill from the reference lab for any deductible or non-covered services. Should your insurance carrier require you to use specific ancillary facilities (labs, x-ray, etc.), please inform your nurse. Failure to do so may result in charges to you which your insurance company may not cover.

We file claims for hospital related care with contracted insurers. A copy of your insurance card and a current signed authorization form is required. Any remaining balance after our insurance payment is your responsibility. Follow up with your insurance carrier for reconsideration of your claim is your responsibility.

Special financial arrangement may be made in the business office for maternity and surgical services after verification of coverage. Please bring us your complete insurance information as soon as possible including any secondary coverage which may be needed for coordination of benefits. Precertification with your insurance company is your responsibility to obtain.

*WE WILL CHARGE A \$25 NO-SHOW FEE IF YOU FAIL TO NOTIFY OUR OFFICE AT LEAST 24 HOURS PRIOR TO YOUR APPOINTMENT IF YOU NEED TO CANCEL OR RESCHEDULE.*

**I AGREE THAT IF I DO NOT PAY ALL OF THE CHARGES DUE FROM ME AND MY ACCOUNT MUST BE SENT TO AN OUTSIDE COLLECTION AGENCY, AN ADDITIONAL FEE EQUAL TO THE COLLECTION AGENCY'S COMMISSION WILL BE ADDED TO MY OUTSTANDING BALANCE.**

I HAVE READ AND UNDERSTAND THE OFFICE POLICY STATED ABOVE AND AGREE TO ACCEPT RESPONSIBILITY AS DESCRIBED. I WILL NOTIFY YOU IMMEDIATELY OF ANY CHANGES IN INSURANCE COVERAGE OR STATUS, OR OF ANY CHANGES OF ADDRESS OR PHONE NUMBERS.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE