



FINANCIAL POLICY

Thank you for choosing us as your health care providers. The health care industry is rapidly evolving and with the constant changes in insurance policies and the growing costs of maintaining quality health care services, we have implemented the following financial policy which we ask that you read, accept and acknowledge.

REGARDING INSURANCES:

- We must have a copy of your current insurance card. Therefore it is the responsibility of the patient to make sure you offer your insurance card to the Receptionist for copying if your insurance has changed since your last visit.
- If you have an HMO plan with which we have a contract, a proper referral from your Primary Care Physician is necessary for you to be seen. This referral must contain the diagnosis, number of visits allows, and the expiration date of the referral.
- It is the patient's responsibility to keep track of the number of remaining referrals and expiration date. You may call our office at any time to verify this information prior to your visit. If you are seen without a valid referral, you will be responsible for the bill.
- For HMO patients, if we are seeing you as Primary Care Physicians, it is your responsibility to make sure that your insurance has our Provider listed as your Primary Care Physician and that the visit is covered.
- If you have a co-pay on your card, you will be responsible for the payment of that co-pay on the day of your appointment.
- All co-pays are collected at the Reception Window upon registering.
- If you have a PPO plan with which we have a contract, you will be responsible for the co-pay if listed on your card. If you have not met your deductible, or if you have a co-insurance that remains after the insurance company has paid their portion, you will be responsible for this balance and payment will be expected.
- It is the patients responsibility to make sure we are in network with your insurance.
- For your convenience we are able to schedule 2 tests on the same day of your visit, However if your insurance requires a co-pay for each test, you are responsible for payment of both the co-pays.
- You will be responsible for payment of services if your insurance has lapsed in coverage, or is not in effect at the time of service.

REGARDING MEDICARE PATIENTS:

- Patients are responsible for meeting their annual deductible each year.
- Once the deductible has been met, patients without secondary insurance will be required to pay their 20% portion at the time of their visit.
- If you have secondary/supplementary insurance it is the responsibility of the patient to provide the Receptionist with a copy of the card.
- We will file with secondary/supplementary carriers. However, in the event that the secondary insurance does not pay, patients will be billed for the balance.



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NON PARTICIPATING INSURANCES AND SELF-PAY PATIENTS:

- If you have presented us with a health insurance card with which we do not participate, you will be expected to pay 100% of our billed amount at the time the services are rendered. We do offer discounts to patients who are paying cash.
- Once payment is made by you, the claim will be submitted to your health insurance carrier on your behalf. Any reimbursement due for out of network benefits should be sent directly to you. If your insurance company mails the payment to our office, a refund check will be sent to you in the amount paid by the insurance company.

PARTIAL PAYMENTS/PAYMENT PLANS.

- Partial payments will only be accepted if prior arrangements have been made.
- If you wish to proceed with any necessary testing and would like to set up a payment plan, just ask to see someone in Billing and this will be arranged for you.
- Once a payment plan is arranged payments must be made consistently or the balance will be considered delinquent, and may then be subject to finance charges or eventually turned over to our collection agency regardless of having made any payment arrangements. If there has not been any attempt to make payment your account will be turned over to our collection agency and you will be charged a 22% collection fee.

DELINQUENT ACCOUNTS:

- Delinquent accounts will be subject to monthly billing charges until the account is settled in full.

CANCELLATION POLICY:

- Going forward we require 24 hour notice for all cancelled appointments or your account will be charged \$25.00.
- Please be aware that this charge is your responsibility and is not covered by your insurance
- In addition there will be a \$25.00 charge for all no-shows.

DIAGNOSTIC TESTING: (FOR ALL PATIENTS)

Please be aware that following your office visit the doctor may order blood work or other diagnostic testing that may not be deemed "medical necessary" by either Medicare or your insurance carrier. It is possible that your insurance carrier has made its own determination as to what tests they deem to be "medically necessary". Therefore there may be charges not covered by your carrier. In such an event, these charges will become the responsibility of the patient.



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MANAGED CARE PLANS: (PATIENTS WITH MANAGED CARE PLANS)

In order for your visit and/or testing to be covered by your insurance, you may be required to provide this office with a valid referral issued by your primary care physician. If the referral we have for you on file has expired, or you do not bring a referral with you as needed, you will have two options, to reschedule your appointment, or pay upfront for all services provided to you today.

INSURANCE AUTHORIZATION AND ASSIGNMENT: (FOR ALL PATIENTS)

I request payment of Medicare and/or participating managed care products be made payable to CCG of South Florida, LLC on my behalf for any services provided to me by this Practice. I authorize the release of any information about me to Medicare and/or other participating managed care products and its agents that may be needed to determine these benefits.

FINANCIAL RESPONSIBILITY FOR PAYMENT

I am aware that due to any of the reasons listed below; it may be possible that my insurance carrier will deny payment for services rendered to me today. In that event, I understand that I will be financially responsible for those charges.

- I do not have my insurance card with me I do not have a valid referral for this visit
- This office does not participate with my insurance carrier
- I do not have health insurance and will pay for my visit today.

Thank you for your understanding of our financing policy. Please let us know if you have any questions or concerns and you will be referred to the appropriate individual. I have read the above Financial Policy and understand and agree with its terms,

Signature

Print Name

Date