

## Comprehensive Internal Medicine's Financial Policies

Comprehensive Internal Medicine will keep a current copy of your Insurance card(s) on file. You may be asked to present your insurance card at each visit.

Co-pays and co-insurance fees are collected at the time of check-in. Any past due balances are due and payable at the time of check-in. If you are unable to pay your co-payment or past due balance at the time of service, and your appointment is not of an emergency nature, we reserve the right to reschedule your appointment.

Patients with balances may make arrangements for payment, if necessary. In order to enter into a payment arrangement you will be required to pay 50% of the past due balance with the remaining balance broken into payments over a 3-6 month period. A signed agreement will be kept on file.

Please understand that it is ultimately the patients' responsibility for payment of services. **Laboratory tests, injections, venipuncture, procedures, tests or some other services may result in additional expenses or not covered under your insurance policy.** It is the patients' responsibility to be aware of the individuals' policy restrictions and guidelines. Comprehensive Internal Medicine will not enter into dispute with an insurance company, but we can assist you if you are having difficulties. Please ask to see our Menu of Services which details a number of procedures that insurance companies often deny as a "non-covered" service.

Comprehensive Internal Medicine will file a claim for your office visit and any services provided to your primary insurance carrier. However, our office does not file claims with secondary insurance carriers. We can supply you with the information that you may need to file with your secondary insurance company for reimbursement. **If you are a Medicare patient, please contact Medicare and your secondary carrier to set up Coordination of Benefits. Once this is in place, Medicare will automatically forward your claim to your secondary carrier.**

Comprehensive Internal Medicine will use an ebilling service to send electronic statements to you. The email address on file will be used for this. You will also receive a paper statement in the mail. Payment is due within 30 days of being notified of your balance unless you have made prior arrangements. **If the balance is not paid within 30 days of your first statement, your account will be assessed with a 10% rebilling fee for each subsequent statement.** If a balance has been past due for 90 or more days, Comprehensive Internal Medicine will turn the account over to an outside collection agency for further action. The patient will be responsible for any charges incurred in such action. The patient will also be responsible for any and all legal fees.

Comprehensive Internal Medicine bills for preventative care services as per AMA guidelines. Occasionally, your doctor may address issues that are not related to the well exam and as such you may incur additional charges. Please check with your insurance company for details on your specific plan benefits.

Self-Pay Patients who wish to pay for services in lieu of sending a claim to an insurance carrier are required to pay a \$200 deposit prior to visit. After your visit with your provider, we will calculate your total costs and when appropriate refund or collect the remaining balance. We do offer patients who pay in full for their visits at the time of service a 30% discount.

If you or a member of an insurance plan in which we do not participate, our office will also file the claim on your behalf; however, the patient is expected to make payment in full at time of service.

If a check is returned to the office due to insufficient funds, the original check amount plus \$50 returned check fee must be received within 30 days of the date that the check was originally returned to avoid further late fees or collection action.

Please help us better serve you and our other patients by keeping all scheduled appointment. If you must change an appointment, please do so within 24 hours of appointment time. The charge is \$50 for any missed appointment.

I acknowledge that I have read and understand the "Financial Policies" and agree to all terms and conditions as stated above. I understand that it is my sole responsibility to verify insurance coverage and even though I have health insurance I am ultimately responsible for payment in full for any outstanding balances. I affirm that the information that I have given today is correct to the best of my knowledge. I understand that it is my responsibility to inform Comprehensive Internal Medicine of any changes associated with my medical status. I hereby consent and authorize Comprehensive Internal Medicine to perform any necessary services deemed appropriate by the physician(s) to make a through diagnosis. I also authorize Comprehensive Internal Medicine and staff to perform and procedures, forms of treatment, medication, and therapy in connection with my diagnosis and treatment plan. I understand that payment for services is due at the time that services are rendered, unless other financial arrangements have been made.

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Print Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature