

Diabetes and Endocrinology Associates, PC

Financial Policy

PLEASE READ THOROUGHLY AND SIGN

It is imperative that a current copy of your insurance card and a valid photo ID is provided for accurate billing. It is extremely important for you to educate yourself about your individual insurance benefits. Every patient's insurance policy is different and it is beyond the ability of our staff to know the benefits of every plan. Our office can never guarantee coverage for every service provided by our office. If you are unsure of your coverage benefits, call the customer service number on your insurance card.

INSURANCE: Our office participates with Medicare and many managed care insurance companies. Should your insurance coverage be with one or more of these companies, we will bill your insurance company within the guidelines of our contract. However, co-payments, co-insurances, deductibles, and non-covered services that have not been satisfied, are the responsibility of the patient and payment is expected at the time services are rendered. Co-payments *not* collected at the time of service will be assessed a \$5.00 surcharge. Co-payments and outstanding balances are collected at check-in. Doing so expedites your check out process and also gives you the opportunity to consult with the business office if you have any questions.

Your PRIMARY INSURANCE will determine how services (including lab tests) will be processed for coverage. We will file claims to your secondary insurance as a courtesy. You will be responsible for providing timely payment for balance due for claims that are denied based on Coordination of Benefits. Insurance information submitted to us past the timely filing date, will be your full financial responsibility.

NON-PARTICIPATING INSURANCE: If you have an insurance that we do not participate with, we ask that payment be made at the time services are rendered and your insurance company will reimburse to you any amount due. As a courtesy to our patients, we will submit a claim to your insurance company.

SELF-PAY PATIENTS: Payment for medical services is expected in full at the time services are rendered. The practice will extend a 25% courtesy off our standard charges.

PAYMENT ARRANGMENTS: There are times when making a payment can be a financial hardship. It may be necessary to set up a payment plan for a patient who cannot comply with our financial policy. If you are in need of special payment arrangements, please advise our staff **prior** to your visit. Co-pays are exempt from this because your insurance requires you to pay your co-pay at the time services are rendered.

RETURNED CHECKS: Returned checks will be assessed a \$30 returned check fees per check. Incurring two (2) returned checks would permanently warrant a patient status of cash only. A patient with a cash only status may pay with cash, credit card, money order or cashiers check.

REFERRALS: If your insurance plan requires a referral from your primary care physician (PCP), in order to see one of our specialty providers, it is your responsibility to request and obtain this referral from your PCP. Your physician may fax this referral to our office directly. However, if we do not receive this referral prior to your scheduled visit, you will be responsible for payment or you will need to reschedule your appointment. Please call our office 48 hours in advance of your appointment, to verify that your referral has been received.

Patient or Guardian

Date