

Financial Agreement & Office Policies

Scheduling:

Our office requires a \$100 deposit when scheduling an appointment. This money is applied towards your balance. It is fully refundable if there is no outstanding balance on the account.

Our office will make every effort to schedule your appointment as promptly as our schedule allows. We maintain a cancelation list and will contact you should there be an earlier opportunity to see you.

Missed Appointments:

There is a charge of \$100 for missed appointments, when you fail to give 24-hour notice. We ask that you kindly give advanced notice to avoid being charged.

Completion of Form, Denial Letters, Review of Records, etc:

Our providers are busy seeing patients during clinical hours. Should you need or require completion of forms, medication override authorizations, Social Security Disability, or any other clerical matter, our office will charge you accordingly, as this will require additional work on the part of the entire office staff. This service is not covered by insurance. It is an out-of-pocket expense to you.

No Insurance:

Patients with no insurance coverage, our office requires full payment of the balance at the time of the office visit.

Commercial Insurances:

If you are enrolled in a commercial insurance plan, our office will submit a claim on your behalf. It is your responsibility to provide the office with the necessary information for the purpose of accurate billing. The office will hold you responsible for any claim that is denied.

Medicare Recipients:

Our office will submit a claim to Medicare, as well as any secondary insurance. It is your responsibility to provide the office with the necessary information in order to submit a successful claim. If you do not have a secondary insurance, please be advised that you are responsible for the Medicare difference at the time of your visit.

Co-pays & Deductibles:

All co-payments and deductibles are due at the time of the visit. There will be a \$15 processing charge if the balance is not satisfied at the time that is due.

Payment Methods:

Our office accepts Visa, MasterCard, Debit, Discover, Money Orders, Cash, and Personal Checks.

Non-Sufficient Funds:

There is a charge for dishonored checks ranging from \$25 to \$50, depending on the amount of the check. This amount will be added to the existing balance and it will accrue interest as per Florida Statute on maximum allowed interest collection of a debt.

Collections:

Any account that has aged more than 60-days it will become the financial responsibility of the patient. It is our policy to try and resolve outstanding balances by providing information that will hopefully help settle the debt. Our contract is with you, the patient. We also reserve the right to forward outstanding balances to collections in the event that there is no resolution within a reasonable period of time.

Confidentiality of Information:

It is our policy and Federal Regulation (HIPAA) not to release medical information of any kind without your express written consent. Please be advised that when authorizing us to release your medical record to a third-party, we have no control over future outcome. Our office will provide you with a copy of HIPAA, at your request. We also provide an electronic copy as a download, on our website, for your convenience.

Electronic Communication:

In an effort to protect your privacy, we do not communicate directly with patients via email, Twitter, chat, FaceBook, or by any medium other than in person or by telephone.

Emergencies:

If you believe that you are experiencing an emergency situation, do not delay in trying to contact our office. We are NOT prepared to deal with medical emergencies. Please immediately call 9-1-1, or go to the nearest emergency room for assistance.

Medication Refills:

We will not refill prescriptions on Friday, weekends, or holidays. Please make sure that you have an ample supply before your next appointment.

By signing this page, I acknowledge my financial responsibilities and voluntarily adhere to the policies of the practice.

Print Name & Signature of Responsible Party
