



## FINANCIAL/FACILITY POLICY

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this financial policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

**1. Insurance.** We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, I may take some time to obtain verification of your coverage. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. Knowing your insurance benefits is between you, your employer and the insurance company. Please contact your insurance company with any questions you may have regarding your coverage.

**2. Co-payments and deductibles.** All co-payments and deductibles *must be paid* at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

**3. Non-covered services.** Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit. Patients provided medical treatments by our providers may be **charged for phone consultations** if the patient is requesting medical direction or specified information. These professional medical services are billable for continuity of patient care.

**4. Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

**5. Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

**6. Nonpayment.** If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.

**7. Missed appointments/No Show Policy.** Contact this office with at least 24 hours in advance if an appointment date and time cannot be met. A fee of \$15 will be charged in the case of a no show for the appointment. Please help us to serve you better by keeping your regularly scheduled appointment.

**8. Appointment Scheduling.**

- \* All documents requiring completion and a physician's signature may require an appointment.
- \* Pre-Scheduled appointments are highly recommended to avoid treatment delays for all patients.
- \* Work-in appointments will be prior to 4pm. Our previously scheduled patients will be treated first.
- \* All **medication refills** require a follow-up visit appointment within 1 to 3 months. Bring all bottles

prescribed by all providers to each visit.

**9. Medication Refills.** Prescription medication is vital to maintaining proper physical and mental well-being. In all possibilities, provide us time by contacting your established pharmacy within 3 – 5 days *prior* to running out of any medications. This will assist us in better serving you and attending to those requiring assistance within their scheduled appointments or medical urgency.

***Controlled medications:*** Only refilled monthly, if applicable. *Patients must return for monthly appointments and refill prescription, if prescribed controlled medications are used. Phone calls will not be honored. Kindly bring all medication bottles to your appointment.*

***Routine Medications:*** Prescriptions will be re-written every three (3) months with a follow-up appointment. This will assist with proper health maintenance issues and control of any chronic condition.

**10. Medical Records:** All of our patient medical records and x-rays are kept confidential. By law, we are required to keep the original medical records and x-rays in our possession for seven years. Copies maybe furnished to you when you request them in writing with exception to state law. Our policy requires 48 hours advance notice for preparation of copies, as well as, prepayment for those copies. Our charge is in accordance with Florida law Chapter 64B8-10, Medical Records Retention, Disposition & Reproduction, Statute 64B8-10.003 which states the following:

- A. Any person licensed pursuant to Chapter 458, F.S., required to release copies of patient medical records may condition such release upon payment by the requesting party of the reasonable costs of reproducing the records.
- B. Reasonable costs of reproducing copies of written or typed documents or reports shall not be more than the following:
  - (1) For the first 25 pages, the cost shall be \$1.00 per page. For each page in excess of 25 pages, the cost shall be \$0.25 cents each.
- C. Reasonable costs for reproducing x-rays and such other special kinds of records shall be the actual costs. The phrase “actual costs” means the cost of the materials & supplies used to duplicate the record, as well as the labor costs and overhead costs associated with such duplication.

For further information about the law stated above, please contact the Florida Board of Medicine at (850) 488-0595.

**11. Laboratory Procedures.** I have been informed that all laboratory procedures performed outside this facility will be billed separately. I understand that all charges not paid by my insurer is my responsibility.

**12. Consent for Medical Treatment.** I am the patient or the patients duly authorized representative, and do hereby voluntarily consent to and authorize care encompassing all diagnostic and therapeutic treatment regimens necessary in the judgment of my provider, for myself, my minor child, or other. I am aware that the practice of medicine is not an exact science and acknowledge that there are has been no guarantees made to me as a result of treatments or performed examinations. I have read this form completely, have had the opportunity to ask questions, and have been fully informed as to the contents of this agreement.

I do hereby authorize the release of medical information necessary to file a claim with my insurance company and assign benefits otherwise payable to me, to Tiomico-Trahan Family Care Center, P.A.

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Signature of patient or Responsible party	Date	Witness Signature	Date
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