



FINANCIAL POLICY

In order for us to be able to continue to deliver high quality of care, it is necessary to provide a financial policy. PLEASE READ ALL INFORMATION AND ACKNOWLEDGE BY SIGNING BELOW.

1. Please present your insurance card(s) at each visit. It is your responsibility to provide us with the correct information so that we may submit to your insurance.
2. We will collect your deductible, co-payment or for non-covered services along with any balance due after insurance on your account at the time of your visit. We accept cash, checks, Visa, MasterCard and Discover.
3. If we do not participate with your insurance, we will file your claims as a courtesy and ask that you follow-up to make sure payment is made to us in a timely manner. If we do not receive payment from them within 45 days, you will be billed for any unpaid balance. Balances are expected to be paid in full within 30 days. If payment on your account is not done in a timely manner, your account may be referred to a collection agency and reported to the credit bureau. We will assess a 1% monthly interest charge on unpaid balances over 60 days old.
4. **MEDICARE PATIENTS:** We are participating providers with Medicare and we will submit to Medicare for all your covered services. If you have supplemental insurance, we will also submit that for you. If payment is not received from your supplemental insurance within 30 days of being submitted, we will ask for the balance due. If you do not have a supplemental insurance, your portion (20% of amount allowed by Medicare) will be collected at the time of service. Each year you will be expected to pay the allowed amount of your charges until your Medicare deductible is met.
5. **MEDICAID PATIENTS:** We are not participating providers with Medicaid. We ask that you pay for your services at the time of your visit.
6. **HMO-PPO PATIENTS:** If we participate with your plan, we will submit your services to your insurance for you. Your co-payment will be collected at the time of service-no exceptions. If your plan requires you to choose a primary care physician, it is your responsibility to make sure your insurance company has the physician you are seeing in our office as your PCP. If your plan requires you to have an authorization to see a specialist, you will need to obtain that from our office prior to seeing the specialist. We cannot obtain retroactive referrals. If we do not participate with your plan, we will verify your out-of-network benefits, file your services, and we expect payment of your portion of the services at the time of your visit.
7. **SELF-PAY PATIENTS:** Patients without insurance coverage will be expected to pay at the time of service. If you will not be able to pay in full, you must contact our Credit Manager prior to seeing the doctor to make payment arrangements.
8. **NO SHOW OR MISSED APPOINTMENTS** - We understand there may be times when you are unable to keep an appointment and must cancel your appointment. Cancellation of any appointment is expected at least 24 hours prior to the time of the appointment. Therefore, any appointment canceled without appropriate notice or any missed appointment will be charged the following fees: \$25.00 for an office visit and \$50.00 for a physical or diagnostic testing.

Remember, whether you do or do not have insurance, you are ultimately financially responsible for payment of your services. If you have any questions regarding our financial policy, please contact our Credit Manager at 407-297-DOC 'M' (3626).

I have read and acknowledge the above financial policy of Meyer Internal Medicine.

Signature (Patient or Guardian)

Date