

Advanced Physical Medicine – Office Policies & Signature on File

Thank you for choosing Advanced Physical Medicine.

We are committed to providing you with quality and affordable health care.

- 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. We strive to maintain current information in regard to financial cost to you (co-pays, deductibles, coinsurance, etc.). ***Ultimately it is your responsibility to know your insurance benefits.*** 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.
- 3. Non-covered services.** Please be aware that some of the services you receive may be not 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. We will make every effort to make you aware of your responsibility **before** services are performed.
- 4. Proof of insurance.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current insurance card or insurance information.
- 5. 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 this request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim.
- 6. Non-payment.** Please be aware that if a balance remains unpaid, we may refer your account to a collection agency.
- 7. Returned checks.** There is a \$30 non-sufficient fund (NSF) fee on all returned checks. This amount must be paid prior to you scheduling your next appointment.
- 8. Cancellations and no show.** Please call the office 24 hours prior to your appointment if you will be unable to attend. There is a \$25 fee for missed office visit appointments and \$50 for procedure appointments not cancelled 24 hours prior to your scheduled time. These charges are your responsibility and billed directly to you and **MUST** be paid before your next appointment.
- 9. Forms.** There are fees for completion of all forms. Staff will make you aware of the fees at the time the request is made, as the fees do vary.

Our office is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

All information that has been given thus far is accurate and true to the best of my knowledge. I understand that I am responsible for payment of services rendered, including reasonable attorney's fees and costs of collection in the event of default. I understand that Advanced Physical Medicine will bill my insurance company, but that I am ultimately responsible for any balance not covered by my insurance such as co-payments, deductibles, or uncovered services.

I request that payment of Medicare, Medigap, or other insurance carrier benefits be made on my behalf to Advanced Physical Medicine for services furnished to me.

BY SIGNING THIS FORM, I AGREE AND UNDERSTAND THE PAYMENT POLICY AND ABIDE BY ITS GUIDELINES.

Signature Patient/Responsible Party

Date