

OFFICE FINANCIAL POLICIES

In order to better serve your needs and clarify any questions that you may have regarding your insurance, we have adopted the following financial policy. If you have any questions, please speak with one of the members of our billing office, and they will gladly assist you.

We will gladly file your insurance claim. Co-pays, deductibles, and co-insurance amounts are collected at the time of service. Any durable medical supplies like hearing aids are not included in our contract and will be an out of pocket expense. We will review your insurance card(s) at each visit. All insurance changes must be given to us at the time of service. If your insurance changes, and we are not notified, you will be responsible for all charges. We will not bill your insurance for any charges before the change notification.

As a courtesy to you, insurance forms for services rendered will be completed by our office with your primary insurance carrier. We will not file the secondary insurance, unless it is secondary to Medicare.

For those patients who are members of an HMO or POS insurance plan etc., it is the patient's responsibility to get a current authorization from their primary care physician. Please verify with the receptionist before your visit that you have a current authorization. If you have no authorization, you will be responsible for the visit charge at the time of service and we will not bill your insurance company. All referrals must be in our office 24 hours prior to your appointment or we will reschedule your appointment.

The responsibility for payment for services rendered to any dependent children, whose parents are legally separated or divorced, rests with the parent who seeks treatment. Any court ordered responsibility judgment must be determined between the individuals involved without the inclusion of our office.

In the event your health insurance plan determines a service to be "not covered", you will be responsible for the charge.

Disability forms, FMLA forms, Leave of Absence forms, letters regarding airline tickets or travel and/or any requested correspondence that is not associated with reimbursement of a claim will be a \$40.00 fee to the patient prior to completion of the form(s).

MISSED OR LATE CANCELLATION OF APPOINTMENTS

There is a \$25.00 charge to the patient for a missed appointment without cancellation notice within 24 hours of the appointment. There is a \$50.00 charge to the patient for a missed Allergy Testing appointment without a 48 hour notice of cancellation.

RETURNED CHECK FEE

There is a charge of \$40.00 in the event of a returned check for insufficient funds.

STATEMENT PROCEEDURE

We will mail a "statement" to the address you have provided once we receive payment from your insurance carrier. In the event that payment is not received from you within 30 days, interest of 1.5% of your outstanding balance will be charged and owed. If we still do not have payment within 60 more days, we will make every effort to notify you that the account is being turned over to our collection agency and will impact your credit rating.

MEDICAL RECORDS REQUEST

Any patient requesting records must submit a signed records release form and there will be a clerical fee of \$1.00 per page and can take up to 30 days to process.

I AGREE TO MY FINANCIAL RESPONSIBILITY TO TARTELL & MANDEL, M.D.,LLC FOR SERVICES RENDERED. I HAVE READ AND UNDERSTAND THE ABOVE FINANCIAL POLICY.

Patient
Name: _____

Signature: _____

Date: _____