

ENDOCRINE ASSOCIATES OF FLORIDA, P.A.
FINANCIAL POLICY

PLEASE READ ALL INFORMATION AND SIGN

PAYMENT IS DUE AT TIME OF SERVICE unless payment arrangements have been approved in advance.

WE ACCEPT PAYMENT BY - Cash, Visa, MasterCard, American Express, or Discover Card. No Checks.

We will collect your **deductible, copay, uncovered services, or coinsurance percent responsibility at time of visit**. Please be prepared to pay **BEFORE** the doctor sees you.

- INSURED PATIENTS -

Our practice is not on every insurance plan and all of our physicians *do not* participate on the same plans. *You are encouraged to verify that the physician you are seeing is on your plan.* If your plan requires a Primary Care Physician Referral or Pre-Authorization, we will be unable to provide treatment or testing until authorization or referral is received. Not all services are a covered benefit of all insurance policies. *We recommend you inform yourself of any policy exclusions, as payment for non-covered services will be your responsibility.*

MEDICARE - We accept assignment on all Medicare claims. We will also file Medicare Supplement claims (except Medicaid). Patients covered by Medicare Part B must bring the Medicare card & Supplemental Policy card to the first visit. *If you switch to a Medicare Advantage Plan, please inform us immediately.*

MEDICAID - We DO NOT accept Medicaid or Medicaid Advantage plans of any kind.

HMO/PPO - Patients *must* bring the HMO/PPO card, their referral or authorization (if required), and be prepared to pay at time of service. For HMO patients, **YOU** are responsible for making sure your primary care physician has sent us the appropriate referral and **YOU WILL BE RESPONSIBLE FOR ANY UNPAID BALANCES DUE TO LACK OF REFERRAL or AUTHORIZATION.**

Private Insurances/Out of Network Insurances - We will file private insurance claims and out-of-network claims as a courtesy to our patients *if we can verify benefits before time of service.* Payment for the *Uninsured Portion* (Deductible & Co-Insurance) is due at the time of service.

We will file **PRIMARY INSURANCES ONLY**. If you have multiple insurances **YOU** will be responsible for submitting necessary forms for reimbursement directly to you. We will only file secondary insurance if Medicare is primary.

Your insurance will send you an explanation of benefits that explains what they paid to our office. This is a record that you must keep on file.

If your insurance denies payment on your claim, you will be asked to pay for services rendered. We accept cash, credit cards, and debit cards as forms of payment. **Any balances on your account not paid after 90 days, will be submitted to an outside collection agency** for reconciliation and you will be **DISCHARGED** from OUR practice.

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- UNINSURED PATIENTS -

Patients not covered by any insurance plans or covered by insurance policies that we are unable to bill directly should expect to pay for services billed at our standard rates. The following estimates are guidelines only.

New Patients should be prepared to pay up to \$250 for the initial consultation.

Established Patients should be prepared to pay \$85 - \$100 for each follow-up visit.

Additional Services, such as diagnostic testing and labs, may be required during any visit. These additional services are not included in the estimates above and are rendered at an additional fee.

- NO SHOW POLICY -

Patients that miss their appointments without calling and canceling or rescheduling at least twenty-four hours in advance of the appointment will be assessed a **\$25 no show fee**. New Patients will be assessed a **\$50 fee** for rescheduling or missing an appointment. Patients that show up for their appointment more than 15 minutes late may need to reschedule their appointment to a later time/date as the original appointment time may no longer be available. In the unlikely event that you **no show** to 2 consecutive appointments, you will give us no choice but to terminate our professional relationship.

- REQUEST FOR RECORDS -

If you request copies or transfer of medical records you will be charged \$1 per page up to 25 pages, and then an additional \$0.25 per page thereafter. This is in accordance with Florida statutes.

- FORM COMPLETION -

Our office charges a flat fee of \$25 for the completion of any forms which require the physician to review your chart and fill out. *Prepayment is required* before the form will be completed.

I agree to abide by the financial policy of Endocrine Associates of Florida:

Patient or Guardian Signature

Date