

Bowie Internal Medicine

FINANCIAL AND CANCELLATION/NO SHOW POLICY

The following is a statement of our Financial and Cancellation/No Show policy,, which you must read, agree to, and sign prior to treatment. Your clear understanding of our financial policy is important to our relationship. Carefully review the following information and please ask if you have any questions about our fees, policies, or your responsibility.

Provide Accurate Information: It is your responsibility to provide accurate and complete information about your health history, mailing address, health insurance and other billing information. If any information changes; name, address, insurance coverage, etc.; you must inform our practice. Insurance denials or billing errors due to patient supplied information will result in the immediate transfer of the account balance to the patient's immediate financial responsibility.

Know Your Insurance Coverage and Benefits: Your health insurance coverage is a contract between you and your health insurance carrier. ***Patients are responsible for understanding their health insurance coverage(s) and benefits.*** There may be limitations and exclusion to coverage. ***You are responsible for any charges not covered by your plan.***

Insurance Accounts: We ask that you present your insurance card at **every visit**.

Co-payments are due at the time of service, as it is a requirement placed on you by your insurance carrier. Co-payments must be paid when service is rendered. If you do not pay on the time of service it can result with possible cancellation of your appointment.

- If your insurance requires you to pick a Primary Care Physician (PCP) one of our physicians must be the PCP listed on your insurance card.
- We will file claims to the insurance companies we contract with, provided that you authorize the "assignment of benefits" for payment directly to our practice. For plans that we participate in, the practice will accept payment based on contractual agreements. You agree to pay any portion of charges not covered by insurance.

Self-pay Accounts: Self-pay accounts are patient without insurance coverage or who are unable to provide us with valid insurance information. If a patient is able to provide valid insurance information a claim will be filed with the insurance carrier. If the insurance carrier issues payment for services rendered the patient will be issued a refund based upon the insurance payment. ***Self-pay patients are responsible for paying 100% of charges at the time of services are rendered.***

Worker's Compensation and Motor Vehicle Accident: In the case of a worker's compensation injury, motor vehicle accident and/or other third party liability you must obtain the claim number, phone number, contact person, and name and address of the insurance carrier **PRIOR** to your visit. Failure to provide worker's compensation, motor vehicle accident, and/or other third party liability **information on the date of service** may result in your appointment being rescheduled. ***Payment for any services that we provide will ultimately be your responsibility if not paid promptly by another party.***

Statements: A statement will be sent to you once a balance becomes patient responsibility and will continue every 30 days thereafter. Unless you notify our office within 30 days of receiving your

statement that you dispute the validity of the balance or any portion thereof, we will assume the balance is correct and valid.

Account Balances: We will require that patients with self-pay balances pay their account balance to zero (0) prior to receiving further services by our practice. **Patients with balances over \$50.00 must make payment arrangements prior to scheduling future appointments.**

Collection of Outstanding Balance: All outstanding balances shall be due within 14 days unless prior monthly payment arrangements have been made in writing. Balances that remain outstanding after 90 days may result in termination of medical care by Bowie Internal Medicine.

Types of Payments: Our practice accepts Debit, Visa, MasterCard and Discover. Cash, check or money orders are also acceptable methods of payment. If you check is dishonored (returned for non-sufficient funds) you will be required to pay an additional fee of \$35.00.

Missed Appointments: It is important that you appear for all your scheduled appointments. As a courtesy, we usually (but need not) call to confirm you appointment a day or two before the scheduled visit. Your failure to appear for a scheduled appointment or to cancel your appointment **at least 24 hours prior to the visit** may result in a missed appointment fee (\$25.00 for primary care/ \$50.00 for specialists). This policy is aimed at minimizing waiting time and ensuring availability of medical care for all our patients. We understand the fact that there may be circumstances which may not permit you to give 24 hour notice but such occurrences are exceptionally rare and shall be considered on a case by case basis.

Scheduled Appointments: We understand that delays can happen however we must try to keep the other patients and doctors on time. If a patient is 15 minutes past their scheduled time we will have to reschedule the appointment.

Treatment of Minors: The parent(s) or legal guardian(s) is responsible for full payment and will receive the billing statements.

Regardless of any personal arrangements that a patient might have outside of our office, if you are over 18 years of age and receiving treatment, you are ultimately responsible for payment of service. Our office will not bill any other personal party.

Annual Physicals: There are a few reasons why an office visit may have been billed in addition to your physical. The most frequent reason is because a new condition or illness was treated in addition to your physical. For example, you are scheduled for your physical, but you also have a new rash that just appeared in the past few days. The provider performs the physical but also evaluates and treats the rash. Since treating the rash is outside of what the provider would normally treat during the physical, there will be an office visit billed as well. Depending on your insurance policy, you may be charged an office visit copay for the additional service provided.

Miscellaneous Fees: Certain services (e.g. family conference, completing forms, producing narrative reports, personal letters, etc.) may entail additional fees not covered by insurance. Payment is expected at the time of such services are rendered.