

FINANCIAL POLICY, OFFICE OF DR. MICHAEL ROSENBLUM

Thank you for choosing us as your health care provider. We are committed to providing you with the best possible care.

Your clear understanding of our Financial Policy is important to our professional relationship:

- WE ARE HAPPY TO BILL YOUR INSURANCE DIRECTLY; HOWEVER, WE MUST HAVE A COPY OF THE INSURANCE CARD.
- IF YOU DO NOT HAVE YOUR INSURANCE CARD WITH YOU, FULL PAYMENT IS DUE AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER, etc.
- ALL PATIENTS MUST COMPLETE OUR "PATIENT REGISTRATION FORM" & OTHER RELATED FORMS.
- PLEASE, NOTIFY US IMMEDIATELY OF ANY CHANGES IN YOUR INSURANCE OR COVERAGE.
- 5 BUSINESS DAYS NOTICE IS REQUIRED FOR COPIES OF MEDICAL RECORDS/X-RAYS. THERE IS A NOMINAL FEE.
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Self Pay

We expect payment at the time of service unless prior arrangements have been made.

Medicare

We accept Medicare assignment. As a Medicare patient, you are responsible only for the deductible if you have supplemental insurance. A few services and supplies are not covered by Medicare. We will advise you of any non-covered charge prior to the service being provided.

HMO/PPO

ALL CO-PAYMENTS ARE DUE AT THE TIME OF SERVICE. We are members of most, but not all, plans. YOU are responsible for verifying that we are providers for your plan. If you are an HMO member, you MUST have the necessary referrals. Please note: You must have your referral at the time of the visit or your plan requires that we ask you to reschedule. PPO patients will only be responsible for their deductible, co-payments and co-insurance, as long as they have verified with their insurance that our physician is in their plan.

Workers' Compensation

If you are here because of a work related injury, we will require information regarding both health insurance and your employer's Workers' Compensation insurance. We will require a letter or statement from the Workers' Compensation carrier authorizing your treatment. The letter should include the claim number, address, adjuster's name and phone number. (See your employer's human resources office should you need assistance obtaining this information.) If payment is not received from these third parties within 90 days, we have the right to bill you directly.

Hospital and Surgery Center Charges

In the event that you undergo surgery in a hospital or ambulatory surgery center, a separate charge will be made by that facility.

Financial Agreement

I understand that I am financially responsible for all charges not covered by insurance and I guarantee the balance to be paid by my credit card, check or cash. Past due balances are subject to additional fees, the first of which will be a \$15 fee assessed to all balances unpaid after ninety (90) days.

UCR (Usual and Customary Rates)

We are committed to providing the best treatment possible for our patients and we charge what is usual and customary for our area. If we do not have a contract with your insurance company, you are responsible for payment in full regardless of any insurance company's arbitrary determinations of Usual and Customary Rates.

I understand that if the office agrees to bill insurance as a courtesy, I must submit information as needed to ensure payment for services rendered to me. I understand that I am ultimately responsible for payment for all services. If payment is not received from the insurance carrier or other responsible party in 90 days, I will be billed directly.