

Calvert Internal Medicine Group, PA FINANCIAL POLICY

Welcome and thank you for choosing Calvert Internal Medicine Group, (hereafter CIMG) for your medical care!

We are committed to providing you with the highest quality medical care possible in a cost effective manner. Our professional fees have been determined through careful consideration in addition to being reasonable and customary within our geographical area. We are pleased to discuss concerns you may have regarding your bill.

Payment is due in full at the time of service. As a courtesy to our patients we accept cash, personal check, money order, Master Card, Visa, Discover and American Express.

As part of our Financial Policy, please read the following reminders:

What to bring with you to EACH appointment:

- Current Health Insurance Card(s)
- Driver's License
- Method of Payment

Appointments:

- Please arrive for your appointment **15 minutes early; 30 minutes early** for new patients.
- If you are more than **10 minutes late** for your appointment, you may be asked to reschedule.
- ****Please inform the receptionist of ANY demographic changes**** (Phone number, address, insurance information, etc.) Failure to notify us immediately of changes in your information may result in you being responsible for any services not covered by your insurance carrier.
- **All co-pays are due at the time of service. Any co-pay not received at the time of service will result in a \$20.00 service fee.**
- Appointments scheduled after 6 p.m. Monday-Friday, and any time on Saturdays or federal holidays may be subject to an after-hours charge as determined by your insurance company guidelines.

Missed or Cancelled Appointments Fees:

- If you are more than 15 minutes late for an appointment, you may be considered a "No Show." No shows may be charged \$40.00 for office visits, \$80.00 for physicals, preop exams or extended visits; \$100.00 for specialist consults and \$150.00 for procedures such as colonoscopy. **You have 30 days to dispute a No Show Fee.**
- 24 hours notice is required to cancel and/or reschedule appointments. Failure to do so will result in a fee of \$20.00 for office visits; \$80.00 for physicals, preop exams or extended visits; \$100.00 for specialist consults and \$150.00 for procedures such as colonoscopy.
- There will be a \$35.00 fee for returned checks to our office.

In compliance with HIPAA regulations, **we are unable to discuss any details of service rendered**, or to produce an itemized statement for any parties that are not identified as the patient, unless otherwise documented.

Minor Patients:

- Parents or legal guardians are responsible for payment of services rendered to the minor patient.
- **It is not the responsibility of CIMG to enforce court orders or be involved in any way with domestic relations disputes.**
- The parent(s) or guardian(s) accompanying a minor are responsible for providing current insurance information for the minor as well as all associated payments due for any services provided.
- Parents(s) or guardian(s) must have an Authorization for Medical Treatment form signed when minors arrive unaccompanied for an appointment.

Workers' Compensation:

- Our office will send appropriate workers compensation claim forms for services rendered on your behalf.
- Please provide us with your Workers' Compensation Insurance information at the time of service, as well as the claim number associated with this work related injury. In the event the claim is denied, we will expect payment in full upon your receipt of the bill.

Motor Vehicle Accident Claims:

CIMG will submit claims to your auto insurance. If you do not provide your personal injury protection (PIP) claim information, or if your PIP is exhausted, a claim will be filed to your health insurance carrier. Any charges not covered will be your responsibility to pay. It is not the responsibility of CIMG to hold any charges pending litigation associated with a motor vehicle accident (MVA).

Lab/Hospital Charges:

- All service(s) provided by a lab or hospital is a contract between you and the lab or hospital. Any dispute with the lab or hospital should be handled directly with that lab or hospital and is not the responsibility of this practice.
- It is your responsibility to know which procedures your insurance will or will not cover at these facilities and to request an Explanation of Benefits (EOB) from your insurance carrier.

Collections and Outstanding Balances:

- **All balances are due prior to any further service provided by our office, unless a payment plan agreement is signed and in good standing.**
- Any outstanding balance after 60 days of the date of service may be referred to an outside collection agency.
- Accounts referred to an outside collection agency or attorney may be subject to a 33% fee which will be agency to the total balance at the time of referral to the outside agency.
- Patients with unpaid past due balances or accounts which have been sent to collections may be discharged from our practice. Family members may also be discharged based upon the guarantor of the account.

Payment Plans:

- Our business office will be happy to work with you in order to pay any balance due to our practice.
- Please contact our business office to work out a payment plan for your balance with our practice at 410-535-4651.

Refunds:

- Patient refunds are not processed until all active or past charges are paid in full.

"In Network" vs "Out of Network" Insurance:

- Your insurance coverage and benefits are a contract between you and your insurance company. Therefore, all disputes must be handled between you and your insurance company.

Payment in full is due in full at the time the services are rendered:

- Co-pays and any outstanding balances are due upon arrival for your appointment. Failure to produce payment at check-in may result in your appointment being rescheduled.
- If you receive more than one type of service on the same day, (example annual physical and follow up visit) you may be responsible for more than one co-pay, depending upon your insurance plan.
- Any amount for services not covered by insurance is due upon receipt of the bill. Failure to pay balances may result in discharge from our practice.

Self-Pay Patients:

- We can give you an estimate of the cost of the visit and payment is due at the time of service. This may not be the entire balance due as the final balance is not determined until all charges have been reviewed by the billing staff and laboratory services have been posted. Thus, you may receive a bill for any remaining balance.

Medicare and Medical Assistance Patients:

- Please make sure you have a full understanding of your health benefits and what may be your responsibility if it is not covered by your insurance.
- ALL Medicare patients have a yearly deductible. This deductible must be paid by the patient before Medicare starts paying on your claims. Some secondary insurances do not cover this deductible.

Paperwork and Form Fees:

- Any paperwork needed to be filled out by our office will result in a form fee charge of \$20.00 to \$80.00 depending upon the form and information required to complete it.

My signature below indicates I have received a copy of the Calvert Internal Medicine Group, PA financial policy. I hereby authorize the release of any medical information necessary to process an insurance claim and in the case of assigned benefits, do hereby authorize payment to be sent directly to the physician. I understand that I am financially responsible for all charges incurred on my account whether covered by my insurance company or not. These charges are to be paid at the time of service unless submitted to an insurance company with whom Calvert Internal Medicine Group, PA has a participating contract. I also understand that non-covered services under my insurance policy and outstanding balances become my full responsibility. In the event collection proceedings are instituted to enforce payment of fees due to Calvert Internal Medicine Group, PA, I agree to pay the additional sum of 33% of the principal fees as collection fees.

Signature: