

SAINT THOMAS CLINIC, PLLC

Hany Abskhroun, M.D
7056 Mariner Blvd.
Spring Hill, FL 34609-1000
T: (352) 610-4408/ F:(352) 606-3960



FINANCIAL POLICY

1. The patient or guarantor is responsible for payment of their account. Full payment of copays, deductibles, and co-insurance is expected at time of service unless other arrangements are made and approved prior to your visit.
2. We accept cash, MasterCard, Discover, Visa and most major credit cards. WE DO NOT ACCEPT CHECKS.
3. We participate with several insurance plans. It is important that you understand your policy prior to receiving service. We file only primary and secondary insurance claims as a courtesy to you. Full payment of copays, deductibles, co-insurance, non-covered services, and patient responsibility amounts are expected at the time of service unless other arrangements are made and approved prior to your visit. Once a determination has been made by your insurance company our responsibility has ended and any balance due is payable from the patient. We will not become involved in any dispute between the patient and their insurance company. Our relationship is with the patient.
4. Once a month, statements are sent out for self-pay balance due. Payment is due upon receipt of the statement. If payment is not received in full after two billing cycles, further action may be taken. If your account should be turned over to our collection agency, you will be responsible for the balance along with a 33% interest collection charge from the agency.
5. If you should present to our office stating you have insurance and in fact you do not, you will be responsible for our full charge visit. You will be sent notice. If the bill is not paid within 10 days of receipt of notice or current insurance information is not provided, your account will be turned over to our collection agency.
6. Understanding the term accepting assignment. Accepting assignment is defined as accepting the amount that your insurance allows. We will accept the amount your insurance allows. This does not mean we will accept what they pay. For example: if your insurance pays at 80% you would be responsible for the remaining 20%.
7. We all know insurances change their policies on a day to day basis. It is your responsibility to inform our billing office of any changes relating to your insurance. These changes may include policy number, address, telephone, or even name of the insurance. It is impossible for our office to keep up with each individual's insurance policy. It's very important to keep your information correct and up to date.

I have read and understand the above information, and acknowledge that I am responsible for complying with the financial policy of Dr. Hany Abskhroun, M.D., P.A.'s medical practice.

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OFFICE POLICIES

PLEASE READ AND UNDERSTAND THE FOLLOWING OFFICE POLICIES:

- 1.) Please notify us if there is any change of your insurance. Please provide us with the new insurance information and bring in your new Insurance Card on your next office visit.
- 2.) Referrals & pre-certifications may take up to 72 hours to obtain. All referrals must be reviewed by the physician for medical necessity. Depending on your health plan, special tests such (MRI, MRA, CT, PET, etc.) may require more time to pre-certify.
- 3.) Our office hours are 8am-4pm Mondays to Thursdays, & 8am-3pm on Fridays. There is an answering service for after hours that will attend to you *for urgent matters*. For non-urgent matters please call during regular business hours.
- 4.) Please give the office 48 hours' notice for refilling prescriptions. Please have your pharmacy name & phone number ready & name of medication needed when calling the office.
- 5.) When applicable, extra time may be needed for plan approval of a prior authorization for medications.
- 6.) Bi-Annual appointments are necessary for assessing status of chronic conditions and well-being in most cases.
- 7.) Co-Payments must be collected upfront. Please be aware that we DO NOT accept checks.
- 8.) Please inform us if there has been any change or added medications by another physician.
- 9.) Unless otherwise specified by the physician, any test results will be discussed with you on your next appointment.
- 10.) Please let us know at your earliest convenience if you cannot make your appointment. A 24-hour notice is required as the latest or it will be considered a missed appointment. 3 missed appointments may lead to discharge from the practice.
- 11.) Please inform us if you have been admitted to the hospital or have gone to the ER. A 1 week follow-up is usually recommended upon discharge.