

OFFICE POLICY REGARDING BILLING & INSURANCE

You are required to sign the assignment of insurance benefits claim before your initial visit. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your complete and correct proof of insurance prior to visit. Your insurance policy is a contract between you and your insurance company. We are not a party in this contract. If your insurance has not paid your account in full within 60 days, the balance can be considered your responsibility. Please be aware that some and perhaps all of services provided may be non-covered services and not considered reasonable and necessary under the Medicare Program and/or other medical insurance.

IT IS THE PATIENT'S RESPONSIBILITY TO KNOW THE INSURANCE POLICY COVERAGE TERMS REGARDING THEIR VISIT, LABS/TESTS, REFERRALS, AND MEDICATIONS.

REGARDING INSURANCE PLANS HERE WE ARE PARTICIPATING PROVIDERS: ALL CO-PAYS AND DEDUCTIBLES ARE DUE PRIOR TO TREATMENT.

Person responsible for Bill

Guarantor Name: _____
Relationship to Patient (Please check) Self Spouse Parent
Phone Number: _____
Address: _____

EMPLOYER INFORMATION

Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Employer Phone: _____ Occupation: _____

Primary Insurance Information

Company Name: _____ ID#: _____
Policy Holder Name: _____ Policy Holder Date of Birth: _____

Secondary Insurance Information

Company Name: _____ ID#: _____
Policy Holder Name: _____ Policy Holder Date of Birth: _____

PATIENT FINANCIAL RESPONSIBILITY AGREEMENT

Please note that this agreement states your financial responsibility as a patient, GetWell Internal Medicine LLC, and addresses the possibility of incurring out-of-pocket expenses. Patients or patients advocate agree to the below:

No show and Cancellation Charges:

As a courtesy to our physician, staff, and other patients, we require that you cancel appointments at least 24 hours in advance (or by noon on Friday for Monday appointments). Absent an emergency, there is a **\$50.00 fee for not showing up and a \$25 fee for canceling with less than 24 hours' notice.**

Insurance Claims/Payment:

As a courtesy, GetWell internal medicine will file an insurance claim for you; however, in the event that your insurance company denies payment for any reason or has not paid within 60 days, you or a guarantor will be responsible for any balance due. It is also your responsibility to provide current address, billing information, and insurance information by carrying an updated insurance card

and by following up on any issues with the insurance carrier and billing issues. We are a medical care provider; our relationship is with the patient and not with the insurance company. While the filling of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility for the date of service rendered.

Cash Services:

Cash services provided by GetWell internal medicine are considered "Alternative Treatments" not covered by any insurance and will not be billed to your insurance carrier. All supplements and cash service charges (i.e. IV therapy, PRP, injections, etc.) will be collected prior to service.

Patient Account Charges and Statements:

Co-payment and/or any balance due payments on your account are requested at the time of your scheduled visit. We accept cash, checks, and credit cards. If you have no insurance plan, you will be required to pay 100% of the visit charges at the time of your visit.

Collections:

If your account is over 90 days old with no payment activity, it will be transferred to a collection agency. A \$100.00 fee will be added to your account upon transfer. This may include, but is not limited to, attorneys' fees and other costs that GetWell internal medicine considers necessary. To avoid collections, please be sure to pay your co-payment and or any balance at the time of your visit or mail in your payments within one month of receiving your statement.

Returned Checks:

All returned checks will be required to pay the original amount in addition to the \$35.00 NSF fee before being seen for another appointment. Additionally, you may be placed on a cash/credit card payment method for future appointments.

Receipts and Invoices:

Our patients are responsible to track all receipts for Supplements purchased from our office and other Cash/Alternative Treatment Services. Any requests for invoice records will be subject to a \$25 fee/page.

Letter Requests:

Any letters requested by patients, other than "sick notes" may be subject to a \$25.00 fee per draft. If the office is only required to review and sign a letter drafted by the patient, the fee will be waived. It may take 7-10 business days for letters to be drafted and completed by the physician.

Request for Medical Records, Paperwork, and Prescriptions:

We need at least 48 to 72 hours to process all requests for records, paperwork, and prescriptions. Medical record requests will be handled in the order in which they are received/paid. The charge is \$25 preparation fee and a \$0.50 per page plus postage fee..

Forms/Letters:

It is required to schedule an appointment with GetWell Internal Medicine for the completion of any forms/documents that require his signature.

Interest:

We reserve the right to charge interest in the amount of 1% per month as provided by state law. If no payment has been received before 30 days from the billing statement.

Doctor's Right to Terminate Medical Service:

GetWell Internal Medicine has the right to terminate the doctor/patient relationship for consistently missed scheduled appointments, refusal to pay outstanding balances, refusal to follow doctor's orders/treatments, or for inappropriate and disrespectful behavior towards the doctor, staff, or other patients.

Lost Items:

Our office is not responsible for any items that are left behind in the examination room or waiting area.

I HAVE READ THE FINANCIAL AND OFFICE POLICY AND AM AWARE OF ITS LEGALITY. I UNDERSTAND AND AGREE TO ALL OF THE ABOVE POLICIES.

Signature of Patient/Responsible Party

Date