# Office of Paul H. Deutsch M.D. R.Ph., LLC

## Patient Financial Policy Sheet

To reduce confusion and misunderstanding between our patients and practice, we have adopted the following financial policies. If you have any questions regarding these policies, please discuss then with our Patient Financial Counselor. We are dedicated to providing the best possible care and service to you and regard your understanding of your financial responsibilities as an essential element of your care and treatment.

Unless other arrangements have been made in advance by either you or your health insurance carrier, full payment is due at the time of service. For your convenience we accept check, cash, Visa, Discover, Amex or MasterCard.

**Your Insurance**

- We have made prior arrangements with many insurers and health plans to accept an assignment of benefits. This means that we will bill those plans for which we have an agreement and will only require you to pay the authorized copayment at the time of service. This office's policy is to collect this copayment when you arrive for your appointment.
- Your assistance in securing timely payments of you claims may be required. If your health plan requires that you obtain prior authorization in the form of a REFERRAL from your primary physician or PRECERTIFICATION before procedures or treatment plans may be initiated, we ask that you inform our staff and assist us to assure these arrangements are made in advance.
- Each month you will receive a monthly statement for services which is due and payable within 30 days. If your payment is late, or if you have not previously made financial arrangements, then we will mail a reminder notice indicating there is a problem with your account. If you are experiencing a set of circumstances out of your control, please call our practice and we will be happy to make special arrangements.
- Not all services are a covered benefit in all insurance plans. Some health plans select certain services that they will not cover. In the event that your health plan determines a service to be "not covered," you will be responsible for the complete charge. Payment of balance that is designated as the patient's responsibility is due upon receipt of a statement from our office.
- We will bill your health plan for all service provided in the office or hospital. Any balance due is your responsibility and is due upon receipt of a statement from our office.
- There is a fee of $25.00 assessed for non-sufficient funds in addition to the fee from your financial institution.
- Keep in Touch: Do not assume your insurance carrier is "working on it". Contact them if you have not received notice of payment within 30 to 45 days of your services. If payment is delayed by your health plan, you will be asked to contact them or your health benefits office to identify the issues. You will be held responsible for services not paid by your health plan.
- For all services rendered to minor patients, we will look to the adult accompanying the patient and the parent or guardian with custody for payment.
- In the event my account is referred to an attorney or collection agency for collection I agree to pay for processing or convenience fees if required as a cost of collection of my account. I understand that such fees would only be incurred if I optionally choose to pay the account by credit card or check by phone to the attorney or agency.

**I have read and understand the financial policy of the practice, and I agree to be bound by its terms. I also understand and agree that the practice may amend such terms from time to time.**

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Please Print the name of the Patient

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Signature of Patient or Responsible Party if a Minor Date