

**ANNAPOLIS INTERNAL MEDICINE, LLC**  
**Business Office Disclosure and Financial Policy**

The purpose of this form is to clearly explain our financial policies and business office procedures. Please read the form carefully. A signature on the form indicates that you acknowledge and understand our policies in their entirety.

**MEDICARE AND COMMERCIAL INSURANCE PLANS**

Our providers participate with Medicare and most commercial insurance plans. "Participation" means that we have a contractual agreement with your insurance company. We will submit your medical claims on your behalf and will await payment, less any co-payments or deductibles that are the patient's responsibility. ***You will be responsible for the co-payments at the time of service.*** If you have a managed care plan or HMO and are being seen for primary care services, and we are not listed as the primary care provider on your insurance card, you must provide a referral from the primary listed on the card or you will be personally responsible for the charges incurred. If you are seeing a specialist in our office and your insurance requires a referral, you must present or have a valid referral on file at the time of service, you will be asked to reschedule your appointment. If you wish to keep the appointment without a referral, you will be asked to sign a waiver and will be personally responsible for the charges incurred. If we do not participate with your insurance, we will submit a claim to your insurance company as a courtesy, however, you will be asked to pay for the visit in full at the time of service. Should your insurance remit payment directly to our office, we will refund any monies due to you.

**WORKERS' COMPENSATION**

If you are injured on the job, your visits should be covered under your employer's workers' compensation insurance. ***You must report your injury to your employers as soon as possible.*** We will submit your claims to the workers' compensation insurance carrier, however, you must supply us with your employer's name, workers' compensation insurance carrier name and contact info, date of injury, claim number and adjustor's name and telephone number. Failure to provide the needed information can result in your claims being denied, and will be your financial responsibility.

**MOTOR VEHICLE ACCIDENT / PERSONAL INJURY PROTECTION**

Our office **DOES NOT** accept third-party payment or an attorney lien as a method of payment for claims relating to a motor vehicle accident, also known as an MVA. Payment for services related to an MVA is expected at the time of service. A detailed receipt will be provided so that you may submit a claim to your auto insurance company for reimbursement.

**LAB AND DIAGNOSTIC TESTING**

Our providers may order laboratory tests or diagnostic studies as part of your visits. Your insurance company may require you to use one particular lab or radiology group. We will make every effort to direct you to a participating facility; however, if you choose to go to a non-participating lab or radiology group, you may be financially responsible. You may be asked to fill out additional forms or waivers that notify you of your potential financial responsibility.

**MISCELLANEOUS SERVICES AND RELATED FEES**

There are various services that may incur a charge on your account, which are outlined below. Please be advised that if it is possible to submit the charges to your insurance, we will do so as a courtesy. However, should your insurance deny payment, the fee will be the patient's responsibility.

- 1) Telephone consultations with a Physician or Nurse Practitioner during or after business hours
  - a. Patient or caregiver (authorized to speak on the patient's behalf), must initiate the call or request for a call.
  - b. There will be no charge for problems or issues that had been addressed during a visit within the prior seven (7) business days.
  - c. There will be no charge for problems or issues that require or result in an office, urgent care or emergency room visit by the end of the next business day.
  - d. If the reason for your call is not covered by the conditions described in b) and c) listed above, a fee will be incurred.
    - i. The base fee will be \$35 and will normally average 5-10 minutes. There will be an additional pro-rated fee of \$20 for each additional ten (10) minutes.
- 2) Form completion
  - a. Motor Vehicle Administration (MVA) form for parking permit - \$10
  - b. Family Medical Leave (FMLA) form - \$20
  - c. Jury Duty Excuse Letters - \$25
  - d. Childcare Clearance Form - \$15
  - e. Miscellaneous letter types requiring medical record review - \$50
  - f. Other forms such as college entrance, disability, etc - \$15

**METHODS OF PAYMENT and RETURNED CHECK FEE**

For your convenience, we accept Cash, Check, Visa, MasterCard, Discover and American Express for payment. There is a \$35 fee for any check not honored by your bank.

**CANCELLATION POLICY**

We require 24 hours advance notice for canceling appointments. Failure to do so may result in a missed office visit fee being assessed. The fee for missing a regular follow-up visit is \$40. Missing an annual physical/wellness exam or a diagnostic study (such as a bone density test, vascular study or echocardiogram) is \$60.

**INTEREST CHARGES / FEES**

Past due balances are subject to interest charges and/or late fees. Statements are mailed on a monthly basis for balances over \$5.00. Please be advised that **we will mail a maximum of three statements.** Failure to pay resulting in balances over 90 days past due are subject to collection procedures.

**PATIENT ACKNOWLEDGEMENT**

I have read and accept the policies of Annapolis Internal Medicine as listed above. I assume financial responsibility for and agree to make payment in full to this practice for any and all charges for services received by me, not otherwise authorized or paid by my insurance carrier. I authorize Annapolis Internal Medicine, LLC to release any medical information necessary to process my insurance claim forms and authorize direct payment of medical benefits to Annapolis Internal Medicine, LLC.

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Signature of Patient or Legal Guardian

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Date





