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## ***Carroll Family Medicine, LLC*** **FINANCIAL POLICY**

Carroll Family Medicine is dedicated to providing our patients with the best possible care and services while keeping the costs to you from increasing at an unreasonable rate. We ask that you carefully review this policy as outlined. By understanding your obligations and responsibilities, as well as our obligations and responsibilities, we can avoid any misunderstandings that may arise.

### **Insurances**

We participate with many insurance companies. Please check with the front desk to see if we participate with your plan. If we **DO** participate with your insurance company, all services performed in our office will be submitted to them, unless we have received prior notification of non-covered services. Patients are required to present their insurance card at each visit.

### **It is important for you to understand:**

- ~ **Your health insurance coverage is an agreement between You and Your Insurance Company.**
- ~ **Your doctor's bill for services provided is an agreement between You and your Physician.**

### **We must emphasize:**

**As your Medical Provider, our relationship is with You - NOT your Insurance Company. While filing insurance claims is a courtesy that we extend to our patients, all charges are strictly your responsibility from the date the services are rendered. Therefore, it is often necessary for you to inquire and explore your benefits with your insurance carrier. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.**

### **Co-Pays**

**All co-pays and past due patient balances are due and payable at the time of service.** This is your responsibility! We reserve the right to reschedule the appointment if the co-pay &/or a portion of any outstanding balances are not paid. If the patient cannot pay the entire past due balance, they will be referred to our billing department so that a payment plan can be arranged. We are happy to work with you in working out a payment plan; however we must see that you are making an effort to pay your balances. We **MUST** collect any co-pay that your insurance plan has stipulated. It is our contractual obligation.

### **Payment for Services Performed**

Our office accepts Visa, MasterCard, and Discover for your convenience, as well as cash, money order or check. All payments are expected at the time of service and any outstanding balances are due within 30 days, unless prior arrangements have been made with the Billing Department.

All balances that reach 90 days with no effort on your part to reconcile will be considered delinquent and may be referred to an outside collection agency. Accounts referred to an outside collection agency will be subject to a collection fee of 25% which will be added to the total balance due.

Our fees fall within the acceptable range of other family practices in our area. This applies only to insurance companies that pay a percentage (such as 50% - 80%) of what they deem as reasonable and customary. This

statement does not apply to those insurance companies who reimburse based on an arbitrary “schedule of fees” which bears no relationship to the current standard and cost of care in this area. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Again, it is your responsibility to be aware of your rights/benefits that apply to your particular insurance plan.

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Initials & Date

### **FINANCIAL POLICY (*cont'd.*)**

We are committed to providing you with the best care possible. If you have medical insurance, we are pleased to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy. We will gladly discuss any questions you may have relating to your insurance. You must realize, however, that your insurance is a contract between you, your employer (possibly), and the insurance company. We are not party to that contract except where we are contracted as preferred providers.

#### **PLEASE NOTE THE FOLLOWING:**

~ **RETURNED CHECKS** will be subjected to additional fee of \$45.00. If you have had more than one returned check, future payments will be expected either with cash, money order or credit card.

~ **MISSED APPOINTMENTS** ~ 24-hour notice is expected for cancelled appointments. **NO SHOWS** will be charged a \$50.00 missed appointment fee. Please notify us if you cannot come to your appointment. That time slot could be used for someone who is sick and needs to come in. You will receive a written notice for your first missed appointment. For your second missed appointment you will receive written notice and a warning. For a third missed appointment in a six-month period you will be dismissed from the practice.

#### ~ **PATIENT REFUNDS**

The following criteria **MUST** be met prior to issuing a refund:

1. The patient has not been seen in the office for 90 days
2. There are no outstanding insurance claims on the patient's account
3. There are no outstanding patient balances on the account.

#### ~ **AUTO ACCIDENT CASES**

We accept auto insurance payments including your benefits under PIP (Personal Injury Protection). It is your responsibility to provide us with this important information at the time of your initial visit re: the injury, as well as your signature (and your attorney's) on the Authorization and Assignment Form. If you have waived your PIP insurance, you need to present a *Notice and Waiver of Personal Injury Protection* form (Form #ED028)

#### ~ **WORKERS COMPENSATION or LIABILITY CASES**

It is your responsibility to provide us with all information re: the worker's comp carrier. We will send appropriate claim forms for services rendered on your behalf. If and when a claim is denied we will expect payment from the patient within 30 days of receipt of our bill. If the patient has other insurance options, Carroll Family Medicine, LLC will cooperate whenever possible in assisting the patient in his/her efforts to be reimbursed.

#### ~ **DOT/FMCSA PHYSICALS** (*Dep't of Transportation/Federal Motor Carriers Safety Administration*)

Dr. Uggowitz is a Certified Medical Examiner, authorized to perform physical qualification exams for commercial motor vehicle drivers. **This is not covered by your insurance.** Payment is expected on the day of your appointment, by either you or your employer.

#### ~ **AESTHETIC LASER TREATMENTS**

Laser treatments/procedures are considered cosmetic and therefore not medically necessary. They are not covered by insurance plans. Financing options are available that allow patients the opportunity to pay via a Healthcare Credit Card.

**In order for Carroll Family Medicine, LLC to provide the quality of care it offers, you must be willing to do your share in helping us to help you receive the insurance benefits for which you are fully entitled.**

**I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET FORTH BY CARROLL FAMILY MEDICINE, LLC AND I AGREE TO THE TERMS OF THIS FINANCIAL POLICY. I ALSO UNDERSTAND AND AGREE THAT THE TERMS OF THE FINANCIAL POLICY MAY BE AMENDED BY THE PRACTICE AT ANY TIME WITHOUT PRIOR NOTIFICATION TO THE PATIENT.**

\_\_\_\_\_  
**Patient's Signature or Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

*revised 7/10/2019/ rcu*