

## PATIENT POLICY

Dr. Orbuch appreciates and respects that you have chosen to receive medical services from his office. His principal focus is providing you with companionate and quality medical care. While medical care is our purpose, we have to recognize the entities and economics of providing care and the consequences of your insurance coverage.

As you may be aware, the current economic downturn has resulted in employers selecting health care insurance policies that have increasingly transferred costs to the employee. In addition to rising co-pays, there are now deductibles, co-insurance charges, and also the loss of some in network benefits. Deductibles and co-insurance mean that the patient is now responsible for a portion of percentage of the covered charges.

We are requiring patients to leave a valid, open credit card with a signature on authorizing Dr Orbuch to bill that card for the patient responsibility amount or for missed appointment fees. Rest assured that our billing department continues to be aggressive in their attempts to collect appropriate payments from your health plan, however, the ultimate financial responsibility rests with you.

All patient will be expected to pay at the time of service. Patients who are out of network or do not have insurance are expected to pay at the time of service.

It is our desire to have a mutually respectful relationship with our patients. Physicians do not discuss financial issues. Our billing staff is trained to discuss your account and will be happy to help you. Failure to pay for medical services delivered in good faith will cause a patient's account to be turned over to an outside agency for collection.

Is it Patient's Responsibility to:

Know your insurance plan and benefits pertaining to well and sick visits.

Know what is covered. Not all services are covered benefits in all contracts. It is your responsibilities to be aware of your insurance company's provision on office visits, immunizations, routine annual exams, biopsies and procedures.

Make full payments of office visit co-pays, deductibles, co-insurance and non-covered expenses at the time of your visit.

Advise the staff of any changes in address, home or emergency telephone numbers and insurance coverage at check in.

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NAME

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SIGNATURE

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DATE