

OFFICE AND FINANCIAL POLICIES

Initial:____ **Insurance:** If a referral from your primary care physician is required for your visit, it is your responsibility to obtain it. As a courtesy, we will attempt to obtain it on your behalf, but failure to obtain the referral would require you to reschedule your appointment, unless you choose to be seen as a self-pay patient. If you confirmed your visit with our office and arrive with no referral, a rescheduling fee (also termed "No Show Fee") may be applied because your allocated time slot was confirmed with your acknowledgement of responsibility for obtaining a referral.

Initial:____ **Forms Surcharge (at the discretion of your physician):**

Disabled Parking Applications, and Private Disability Insurance forms (No Charge).

\$50.00: Family Medical Leave Act forms, Bad Check Fees, and Credit Card Deferment forms.

\$150-300 (depending on complexity) for dictated letter describing medical care and limitations.

Initial:____ **Check In and Financial Policy:** Please bring your insurance card and photo ID. You are required to notify our office when your insurance policy changes. Please be prepared to pay any co-payments or co-insurances or past due balances, which we will notify you through our online portal or communication with the billing company. In the event that your plan determines a service to be "not covered", you will be responsible for the entire charge.

Initial:____ **No Shows, Late Cancellations, Procedural Cancellation and Late Arrivals:** We ask that you give us a courtesy call 24 hours in advance if you must cancel your office appointment. We will attempt to confirm your visit 24-48 hours prior to the visit. *No-showing for a confirmed appointment/procedure or canceling within the 24 hour period will result in a **\$50 charge** to your account.* Arriving 15 mins past your arrival time may require a rescheduling of your appointment, so as not to inconvenience other patients. Over 30 mins late will automatically cancel your appointment for rescheduling. All late fees are subject to provider discretion.

Initial:____ **Refill Requests:** Please allow 48 hours to process all prescription refill requests. Therefore, schedule a medication refill visit >48 hours to completion of prescribed controlled substances. Prescription refill requests will not be accepted after hours or on weekends. No exceptions.

Initial:____ **Minors:** Guardian(s) accompanying patients that are minors are responsible for any financial responsibilities as well as providing current insurance information for the minor.

Initial:____ **Medical Records:** Please note that Northwest Anesthesiology and Pain Services, PA has an active contract with HealthMark Group to fulfill all medical record requests. All urgent requests/copies of your medical records can be made available upon request at a normal **charge of \$25.00 for the first 20 pages and \$0.50 per page thereafter.** A medical records release must be completed and submitted to request a copy of your records.

Initial:____ **Office Based Procedures:** Office based procedure visits are not early medication refill visits and may require a copay. The medication refill visit will need to be scheduled on a separate visit date.

I have read, understand and agree to the above office and financial policies. I agree to be bound by its terms. I hereby attest that I have provided current and accurate demographic and insurance information. In addition, I authorize release of information necessary for insurance filing and precertification by signing this statement. I am herein authorizing payment of medical benefits to my provider when an assigned claim is filed.

Patient Name: _____

DOB: _____

Patient's Signature: _____

Date: _____