

Sujatha Borra MD., PA

Financial Policies and Other Procedures

Sujatha Borra M.D., PA has the following office policies and procedures that are requested to be followed by all patient

Insurance:

It is the patient's responsibility to provide accurate insurance information. We will ask for your insurance card at your first visit to obtain a copy for our records. We may occasionally request a copy at a later date to update our records so please have your insurance card every time you come to the office. If current and accurate information is not obtained at the time of service, it will become the patient's responsibility to pay until current and accurate information is provided to the office. Not all services provided to you are always covered by your insurance. Some insurance companies arbitrarily select certain services that they will not cover. You are responsible for all services not covered by your insurance.

Referrals:

It is your responsibility to call us with your referrals or bring them with you to your appointment. If you have insurance that requires a referral, you must have your referral prior to receiving treatment. It is your responsibility to obtain all necessary referrals from your primary care physician. If you do not have a referral, either your appointment will be rescheduled or you will be held financially responsible.

Prescriptions:

All prescription refills will be picked up or called into the pharmacy. Refills that are being called into the pharmacy will be done at the end of the business day. For all lost, misplaced, or stolen prescriptions there is a \$7 charge for rewriting the prescription.

Missed Appointments:

If you cannot make your appointment we request a 24 hour notice so the emergency patients can be fit into the schedule. There will be a charge a \$25 for patients who do not call or show up for an appointment. These charges will be your responsibility and billed directly to you.

Records Request:

You have the right to copies of your medical records. This right is subject to certain specific exceptions, and you will be charged a reasonable fee

Patient Forms and Letters:

Our office charges a fee of \$40 for each form that needs to be filled out or a letter to be written by the physician. This fee is to be paid prior to the forms or letters being completed Please allow a minimum of 1 week for the paperwork to be processed.

Initial: _____

HIPPA :I acknowledge that I have read and understand a copy of Sujatha Borra MD., PA Notice of Privacy Practices

Co-payments:

All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company.

Payment Policy:

Payment is due at the time of your appointment. We accept credit card, cash, or check. It is your responsibility to understand the conditions of your insurance policy. If your insurance denies a claim for reasons associated with policy exclusions, you are then responsible for full payments. A fee of \$30.00 will be charged for checks returned from your bank for any reason. You may be placed on a "cash only" basis following any returned check.

Past Due Accounts:

Balances not collected at the time of services will be billed to you. We understand all of us have financial problems that may affect timely payment of your account. If you have financial difficulties we encourage you to call us so we can assist in managing your account. Past due accounts are subject to collection proceedings. All fees including, but not limited to collection fees, attorney fees and court fees shall become your responsibility in addition to the balance due.

Self-Pay Patients:

Patients without insurance, patients without an insurance card on file at the time of service and patients who have not met their insurance plan deductible are expected to pay at the time of service.

Billing Enquiries:

Please call our billing company Tiel Billing for all your billing question at (727) 862-1466

Revision of Financial Policies and Procedures:

We reserve the right to change the terms of this notice, making any revision applicable to all patients if we revise the terms of this notice, we will post a copy in our office and will make paper copies available upon patient request

Should you have any questions regarding any of the above policies and procedures, please ask us prior to signing.

I have read and understand the financial policy and other procedures of the practice and I agree to be bound by its terms.

Name of Responsible Party: _____

Signature of Responsible Party

Date: _____