Patient Financial Responsibilities

Thank you for choosing Washington Internal Medicine as your health care provider. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc).

The patient is expected to present a photo ID and insurance card at each visit. All co-payments and past due balances are due at time of check-in unless previous arrangements have been made with the practice Administrator. We accept cash, or credit cards. Absolutely no checks will be accepted.

Special Reports and Forms

There are times when you may need to request assistance in the completion of a special report or need a short term disability form completed at the request of your insurance carrier for a return to work. All requests for completion of forms or special reports are processed in chronological order or by date. Please do not expect to receive the form or report on the day of receipt. We charge $45.00 to complete forms as requested by any Third Party.

Insurance Claims

The provider's service is provided directly to you and not to an insurance company. Insurance is a contract between you and your insurance company. We will bill your primary insurance company as a courtesy to you, with the requirement that you assign benefits, allowing the insurance company to pay the physician directly. To properly bill your insurance company, we require that you provide all insurance information including primary and secondary insurance, as well as any change of insurance information.

Proof of Insurance

All patients must complete patient registration prior to becoming a patient with Washington Internal Medicine. Our Payment Policy is detailed and requires your signature before you can see any provider and receive medical care.

You are expected to present a photo ID and insurance card at each visit. Copayments and past due balances are due at the time of check-in unless previous arrangements have been made with the Office Administrator. You may pay by cash, money orders, or credit card.

Copays, Coinsurance, and deductibles, are classified as Cost-Share amounts defined by your health plan and are your financial responsibility. Payment for non-covered services, and any other portion of these services not paid by the insurance company, and not normally adjusted as part of our contractual agreement with the insurance plan become your responsibility. Payment for known deductibles etc are due at the time services are rendered. It is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, ie, if the practice is not part of your insurance's network, you agree to pay all charges that are not covered by insurance.

Not all services provided by this office are covered by every plan. You are responsible for understanding your benefit plan and for knowing its requirements for referrals to specialists, prior authorizations of procedures, etc. it is your responsibility to pay for non-covered services. After insurance claims are paid, remaining balances are payable in full within the regularly scheduled billing cycle (usually 30 days).

If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately. It is the patient's responsibility to know if our office is participating with his or her plan.

We do submit all claims to insurers on your behalf. You are responsible for any remaining balance on your account after insurance payment.

Payments of past due balances must be made prior to a scheduled appointment.

Self-pay Accounts

Self-pay accounts are patients without insurance coverage, patients not covered by

insurance plans in which the office does participate. Liability cases will also be considered self-pay accounts. We do not accept attorney letters or contingency payments. It is always the patient's responsibility to know if our office is participating with their plan. If there is a discrepancy with our information, the patient will be considered self-pay unless otherwise proven. Extended payment arrangements are available if needed. Please ask to speak with the practice administrator to discuss a mutually agreeable payment plan. It is never our intention to cause hardship to our patients, only to provide them with the best care possible and the least amount of stress.

Motor Vehicle Accident (MVA) and Third Party Billing

Our relationship is with you and not with third party liability insurance (auto, homeowner, etc.) It is your responsibility to seek reimbursement from them. However, at your request, we will submit a claim to your primary health insurance carrier. You may receive an accident questionnaire from them to be completed by you. If the questionnaire is not returned to your medical insurance company and/or we receive a denial on your claim, you will be responsible for payment in full.

Missed Appointments

Washington Internal Medicine requires 48-hour advance notice of appointment cancellation or reschedule from the appointment time. All other appointments outside the advance notice, missed appointments may be charged a fee of $75.00. If you must cancel an appointment, please give at least 48 hours notice, to allow us to offer the appointment to another patient. Appointment confirmation and reminders are automatically sent to you via text and/or email at the time of booking and prior to your appointment.

Failure to provide proper notice for three (3) scheduled appointments may result in discharge from the practice, in order to ensure timely access to care for all patients.

Card on File

All patients that are patients of Washington Internal Medicine must agree to have a card on file with the practice The purpose of the card on file is to ensure we are reimbursed for the services rendered to you, collect account balances and to collect no show fees. There is a 3.2% card processing fee that you're agreeing to when using the card for payment when signing this agreement. If you do not wish to provide a credit card on file, and sign the agreement or decide to remove the card on file, we reserve the right to

discharge you from the practice and you will not be able to obtain future appointments unless you place a card on file with Washington Internal Medicine.

Medical Records Copies

Charges for copies of medical records will be in accordance with the recommendations by the Virginia Health Privacy statute (VA §32.1-127.1:03.) We charge for Medical Records Requests to help offset the cost of processing these requests. Our rates are a $10.00 handling fee for copies and postage, $0.50 per page for the 1st 50 pages and $0.25 per page for all other pages. All requests for medical records are processed according to receipt.

Outstanding Balances

If previous arrangements have not been made with our Administrator, any account balance outstanding over 90 days will be forwarded to a collection agency.

Signature_____ Date_____