CareMEDICA Primary Care

CareMEDICA Elite

PRACTICE POLICIES AGREEMENT

APPOINTMENT CANCELLATIONS & NO-SHOW POLICY: When you schedule an appointment with our office, we reserve dedicated time and a clinical room specifically for your healthcare needs. If you need to cancel or reschedule your appointment, we kindly ask that you provide at least 24 hours' notice by calling our office and speaking with a member of our staff.

Providing advance notice allows us to offer your appointment time to another patient in need of medical care. Appointments canceled with less than 24 hours' notice, as well as missed appointments ("no-shows"), are subject to the following fees:

- ➢ Routine Office Visits: $25.00
- ➢ New Patient Visits, Annual Physicals, Pre-Surgical Examinations, and In-Office Procedures: $50.00
- ➢ Echocardiogram (Echo) and Carotid Ultrasound Appointments: $75.00

Repeated missed appointments or late cancellations may result in the loss of future scheduling privileges.

Cancellation and no-show fees are the responsibility of the patient and must be paid in full before any future appointments can be scheduled.

VISIT POLICY: To help ensure a smooth check-in process and keep appointments running on schedule, please arrive 10–15 minutes before your scheduled appointment time. Please Bring the Following to Every Visit:

- Active insurance card(s)
- Prescription insurance card (if applicable)
- Valid government-issued photo ID
- A current list of all medications and dietary supplements
- Payment for any required copayment, coinsurance, deductible, or outstanding patient balance

Accepted forms of payment: Cash, Visa, Mastercard, Discover, and American Express.

All established patients are required to review and complete an updated registration form once each calendar year, even if no information has changed.

New patients should be prepared to complete and sign all required registration forms, including:

- Patient Registration Form
- Medical History Form

Whenever possible, these forms should be completed prior to your appointment to help minimize wait times.

INSURANCE VERIFICATION: We make every effort to verify insurance coverage before your appointment. However, if we are unable to verify your insurance eligibility at the time of your visit, payment for the visit or procedure will be due at the time of service. If payment cannot be made, your appointment may need to be rescheduled until insurance eligibility or payment arrangements can be confirmed.

LATE ARRIVALS: Arriving late for your scheduled appointments may result in having to reschedule your appointment.

PER YOUR INSURANCE: Please note that your insurance carrier may require you to pay an additional copayment and/or deductible for the following:

- ❖ Chronic and/or new conditions addressed during an annual physical exam
- ❖ EKG, diagnostic in house procedures, and injections

PHYSICAL EXAMINATIONS: Please be advised that during your yearly physical exam, your provider will focus on preventative care services as outlined by your health plan. If, during the course of your visit, you discuss new or existing health concerns, symptoms, or conditions that require evaluation or management beyond the scope of the routine physical, an additional office visit charge may be billed to your insurance.

Some beyond-the-scope examples:

- Abnormal lab results that may or may not require a prescription
- Forms that need to be filled out
- Chronic conditions that are addressed

This may result in a separate copay, coinsurance, or deductible depending on your individual health insurance plan. If you have any questions about what is considered part of a preventive physical examination versus a problem-focused visit, please ask our staff prior to your appointment. Thank you for your understanding.

VALUABLES: Please keep your valuables with you at all times during your appointment. We regret that we cannot be held responsible for any lost or stolen items.

AUTO ACCIDENT PATIENTS are required to arrive with the following:

- Auto Policy Declaration page defining the medical provision coverage (Med Pay)
- Date of Accident
- Auto Insurance Carrier Card listing their contact info, and address
- Adjuster's name and contact info
- Claim Number
    - NOTE: We do not accept Letter of Protection (LOP)
    - NOTE: If your policy does not have Med Pay, you will be responsible for paying your copayment and/or deductible set forth in your health insurance policy

WORKERS COMPENSATION PATIENTS are required to arrive with the following:

- Name of employer, and their contact information
    - *Contact Information includes: Name, Address, and Phone Number of the Worker's Compensation insurance company*

- Date of Injury
- Adjuster’s name and contact info
- Claim Number

NOTE: If your Worker's Compensation claim is denied, our billing office will be your health insurance carrier and you will be responsible for paying your copayment and/or deductible set forth in your health insurance policy as we will.

PAYMENT/COLLECTION POLICY: We will file a claim to your insurance company; however, all the insurance copayments/coinsurance and/or deductible amounts are due at the time of service. Any outstanding patient balances or uncovered amounts are to be paid prior to being seen. Failure on our part to waive copayments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

Please be aware that some, if not all, of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You will be billed for these services. If your insurer changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

Your insurance policy is a contract between you and your insurance company. It is important that you understand its provisions. We cannot guarantee payment of your claims. Reduction or rejection of your claim by your insurance company does not relieve the financial obligation you have incurred. The practice will send out a maximum of 3 bills. If an account is not paid in full or payment arrangements have not been made, the account will go to collection. Once an account is in collections, it must be paid in full in order to schedule future appointments. There will be no exceptions made.

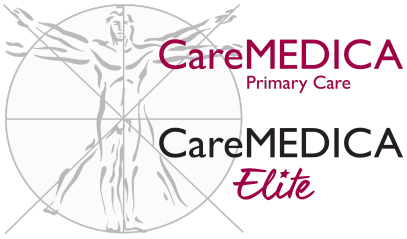
Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary changes for our area.

BILLING CONSENT POLICY: All professional services rendered by CareMedica are the responsibility of the patient set forth by their insurance carrier. If a patient fails to remit payments, disclose proper insurance information and/or does not list a CareMedica provider as their Primary Care Provider; the patient will be sent to collections.

When an account is sent to collections, the patient is responsible for any and all bills, interest and attorney fees incurred.

PLEASE NOTE that if we are not listed as your primary care provider (PCP) with your insurance, it is your responsibility to contact your insurance provider as soon as possible to update and, if necessary, backdate this information. Any claims that are denied must be paid in full.

MEDICARE STATEMENT (if applicable): Claims will be submitted to Medicare for you by CareMedica. Medicare may not cover some services, which the patient may be responsible for paying if no other supplemental policy exists. Such identified services may include yearly physicals, etc… In addition, you will be responsible for paying for your Annual Medicare Deductible and coinsurance set forth by Medicare. If you have chosen a supplemental policy to Medicare, then your supplemental policy will cover balances based on your coverage.



By signing below, I acknowledge that I have received and read this Notice of CareMedica Policies:

Patient Name (Printed): _____

Date: _____

Patient Signature: _____