

## **CAPITAL MEDICAL ASSOCIATES, P.C.**

### **Patient Financial Policy**

We are committed to providing you with the best possible care, and will help you receive your maximum allowable insurance benefits. In order to do this, we need your assistance and your understanding of our payment policy. We realize there are currently hundreds of different products and benefit packages. However, it is our experience that many insurance carriers do not always outline the full benefits provided to their patients for out of network benefits. We encourage you to call the number listed on the back of your insurance card and seek assistance directly from your insurance carrier. In addition, our billing staff is available and happy to help you understand fully your financial responsibility and applicable insurance coverage.

We are happy to provide you with high quality medical services, regardless of our participation status in your insurance plan. To assist you, we will file claims on your behalf so that your carrier may apply amounts to your deductible or reimburse you directly. We accept cash and checks, and for your convenience, Visa, MasterCard, Amex and Discover.

Regardless of the Practice's participation in your insurance plan you may choose to be seen by one of our physicians. However, payment for services not covered by non par insurance plans assigned to us is fully patient responsibility. Balances older than 30 days may be subject to additional collection fees. We will offer assistance with appeal processes as needed. Please feel free to discuss these issues with the Billing Department.

We understand many PPO and managed care insurance carriers have their own Usual, Customary and Reasonable (UCR) fees. We take pride in the fact that our physicians are at the leading edge of their respective field and believe our charges to be fair and reasonable for the services provided. We encourage you to contact us promptly for assistance in the management of your account. We are here to help you and will be happy to answer any questions you may have about your treatment or insurance coverage.

**There is a charge for the following requested services: Telephone, email &/or fax consultations; Prescription authorizations and stat prescription renewals; Provider statements and letters; Completion of applications/forms; Medical record copy service and delivery; Non urgent calls after hours. Patients when scheduling an annual physical exam are expected to leave a credit card number on file. Any cancellation of a physical exam or office visit with less than 24 hours notice will be charged a fee on the credit card on file. A processing fee of 33% will be added to account balances that need to be sent to our Collection Agency. Please call the office to answer any questions you may have concerning these fees.**

### **Patient Acknowledgment**

I acknowledge being presented with Capital Medical Associates, P.C. Financial Policies, Patient's Rights and Responsibilities, and Practice Privacy Notice.

I hereby authorize Capital Medical Associates, P.C. to apply for benefits (file my insurance) on my behalf for services rendered. I certify that the information I have reported with regard to my insurance coverage is true and accurate. I will promptly notify the Practice of any changes in my health insurance coverage. I further authorize the release of any necessary information, including medical information, for this or any related claim to my insurance company in order to determine these benefits payable.

I further request that payment of authorized benefits be made payable to Capital Medical Associates, P.C.

**I understand and agree that (regardless of my insurance status), I am ultimately responsible for the balance on my account for any professional serviced rendered. I have read the above Patient Financial Policy.**

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Signature of Patient, Policy Holder or Legal Guardian

Date