

# Financial Policy

Thank you for choosing Irene Greenhouse, MD, PC as your care provider. You must read and sign this agreement before your treatment will begin. A copy will be provided upon request.

## Insurance

It is your responsibility to

- **Bring your insurance card to every visit and notify us of any changes in coverage.**
- **Know your co-payment amount and be prepared to pay this amount at each visit.** We will assess a **service fee of \$10** if we must bill for a co-payment.
- **Know your insurance company benefits.**
- **Provide any referrals needed.** If you are enrolled in a managed care insurance plan (HMO) it is *your* responsibility to obtain or ensure a referral is supplied to our office from your primary care physician prior to the time of your appointment. Without this referral, you will not be seen by our physicians.

We file secondary insurance claims as a courtesy. If your secondary insurance has not paid within 60 days of our first filing, you automatically become responsible for the balance of unpaid charges.

## Non-covered services

If your insurance company determines that the services you receive are not covered, you may be responsible to pay for them. Please contact your insurance company with any questions you may have regarding your coverage.

## Payment

All co-payments, coinsurance and deductibles are due and payable at the time of service, regardless of who brings the patient in for the appointment. Irene Greenhouse, MD, PC accepts cash, checks, debit cards, Discover, MasterCard, American Express, and VISA.

**Credit and debit cards are assessed a 3% surcharge.**

## Returned Checks

There is a **\$50 service charge** for returned checks. After receiving two returned checks, payment will be required in cash or via credit card.

## Signature

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

*I have read and understand the payment policy and agree to abide by its guidelines.*

Signature of patient or responsible party \_\_\_\_\_

Print Name of Signer \_\_\_\_\_

Date \_\_\_\_\_

## Nonpayment

If your account is over 90 days past due, we may refer your account to a collection agency and you will be required to pay the entire amount plus any collection agency fees before being scheduled for any further appointments. If the balance remains unpaid and you do not contact us to make payment arrangements, you may be terminated from the practice. If you need financial assistance or have questions, please contact us.

## Overpayments

Overpayments will be returned after all charges have been processed and paid by your insurance company. A refund check will be written and mailed to the patient or guarantor within 30 days of an overpayment. In some instances, we are not immediately aware of an overpayment. Please contact our office if you are aware that an overpayment has been made.

## Claims submission

We will submit your claims and assist you in any way we can, within reason, to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request.

## Missed appointments

We reserve the right to charge for missed appointments not canceled within 24 hours of the appointment time. We charge **at least \$50** for a missed office visit, and **at least \$100** for a missed EMG or Botox visit. Patients who “no-show” more than once may be terminated from the practice.

## Forms

We charge for the completion of forms including driver license forms, life insurance forms and work disability forms that require significant time and effort to complete.