

## INTERNAL MEDICINE SPECIALISTS FINANCIAL POLICY & PATIENT RESPONSIBILITY FOR FEES

*Thank you for choosing Internal Medicine Specialists for your health care needs. We are committed to providing the best possible care for you. Please understand that management of your billing is important in ensuring that we may continue to provide for your health care needs. Our policies may be updated from time to time to reflect changes in the health care laws. Please read the information below carefully and sign where noted below. Failure to comply with our financial policies could result in the termination of the patient-physician relationship.*

- IMS will keep a current copy of your insurance card(s) on file. You may be asked to present your insurance card(s) at each visit.
- Co-pays, co-insurance and commercial insurance deductibles are due at the time of service at check-in. Any past due balances are payable at the time of check in. If you are unable to pay your co-payment or past due balance at the time of service and your appointment is not an emergency, we reserve the right to reschedule your appointment. A statement fee of \$15 will be added to your account should amounts due not be paid in full at check in. We accept Cash, Checks, Visa, MC, Discover, Amex & Debit Cards.
- Patients with balances may make arrangements for payment, if necessary.
- Please understand that it is ultimately the patient's responsibility for payment of services. If your insurance company or other benefits program does not cover the entire balance, you may be responsible for the remainder. If a balance has been past due for 90 or more days, your account may be turned over to an outside collection agency for further action. The patient will be responsible for any charges incurred in such action. The patient will also be responsible for any and all legal fees. The patient agrees, in order for us to service your account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. Methods of contact may include using pre-recorded/artificial voice messages and/or use of any automatic dialing device, as applicable.
- Please be aware that some services provided may be considered non-covered under your policy or applied to your deductible. **It is the patient's responsibility to be aware of the individual policy restrictions, guidelines and coverages** IMS will not enter into a dispute with an insurance company, but will assist you if you are having difficulty.
- Laboratory tests, injections, venipunctures, procedures, or tests may result in additional expenses.
- Please be aware that issues addressed during your Preventative Visit that are not related to the Wellness exam could result in additional charges. Please furnish your doctor a list of your specific plan's wellness benefits before your wellness visit begins. Please see our Info Sheet on Wellness vs Annual.
- Patients who wish to pay for services instead of filing a claim to your insurance carrier are required to pay a \$200 deposit prior to the visit. After your visit with your physician, we will calculate your total costs and when appropriate refund or collect the remaining balance.
- Patients with a high deductible insurance plan are expected to pay up to \$200 at the time of service. After your insurance carrier has paid, we will refund or collect the remaining balance as appropriate.
- Patient accounts may be charged \$40 for appointments not cancelled or rescheduled with 24 hours advance notice and for checks returned not paid from your financial institution.

**I certify that I have read and understand the Financial Policies and agree to all terms and conditions as stated above. I understand that it is my responsibility to verify insurance coverage and that I am ultimately responsible for payment in full for any outstanding balances. I understand that payment for services is due at the time that services are rendered, unless other financial arrangements have been made. I agree that this document is effective from this date throughout the duration of my association with Internal Medicine Specialists. I understand that if I refuse to sign this agreement, I will not be able to receive services from Internal Medicine Specialists. Dollar amounts listed are subject to change without notice.**

NAME (PRINTED) \_\_\_\_\_ DOB \_\_\_\_\_  
NAME (SIGNED) \_\_\_\_\_ Date \_\_\_\_\_