

# **FINANCIAL POLICY**

The responsibility for providing complete and accurate insurance information to our staff belongs to you, the patient. Your insurance policy is a contract between you and your insurance company. Please bring your insurance card with you at each visit. As a courtesy, we will gladly submit a claim to your insurer. You must inform the office of all insurance changes, authorizations, and referral requirements. In the event the office is not informed, you will be responsible for any charges that are denied. If your insurance company does not pay the practice within a reasonable time period, (30-45 days per federal law), you are responsible for the charge.

All health plans are not the same and do not cover the same services. In the event your plan determines a service to be "not covered", or you do not have authorizations, you will be responsible for the complete charge. We will attempt to verify benefits for some specialized services. However, you remain responsible for charges of any service rendered. Patients are encouraged to contact their insurance companies for clarification of benefits prior to services being rendered.

## CO-PAYS, DEDUCTIBLES AND CO-INSURANCE

Legally, we are not allowed to waive co-pays, deductibles or co-insurance. Your insurance company requires us to collect the portion for which you are responsible for at the time services are rendered. Payment made at the time of service allows us to keep administrative costs to a minimum.

### ACCEPTABLE FORMS OF PAYMENT

We are happy to accept to the following forms of payment:

- Check (\$25 returned check fee)
- Money Order
- Visa
- MasterCard
- American Express



## PAYMENT PLANS

Payment plans are available under certain circumstances. However, advance notice and preapproval are required. Please contact our billing office at 443-761-6570. We are glad to help you.

## PAST DUE ACCOUNTS

Every attempt will be made including the services of a collection agency to collect overdue accounts. If it is necessary to utilize a collection agency you will be assessed the associated fee in addition to the total amount owed. Past due accounts are transferred to the collection agency after 90 days.

#### **MISSED APPOINTMENTS**

Our goal is to provide quality and service-minded care to every patient. We understand your time is valuable and that there are circumstances when you may not be able to keep your appointment. By keeping your appointment and preventing no-shows you and other patients get the care you need. In the event, you are unable to keep your appointment, we require a 24 hour notice. Any cancellation without a 24-hour notice and any missed appointment will result in a charge of \$50 for new appointments and \$30 for return appointments.

#### MEDICAL RECORDS

Authorized written requests for copies of medical records will be honored. Our fees are in accordance with Maryland and Pennsylvania State Law. Please allow 7-10 business days for processing.

#### **BILLING OFFICE QUESTIONS AND CONCERNS**

We strive to make every effort to be timely and service friendly with your billing inquiries. Please know, there is usually a 3-5 business day delay in receipt of your explanation of benefits after you have received your copy from the insurance company.

For your convenience, we may be reached Monday through Friday, 9:00am - 3:30pm, to assist you with account inquiries and the resolution of billing issues. We will do our best to answer all questions promptly, however, please allow 3-5 business days for a response.

All payments and/or correspondence should be mailed to: Maryland Vascular Specialists 1212 York Road, Suite B201 Lutherville, MD 21093

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have both read, and fully understand the financial policy

Signature of patient or financially responsible person	
Date	I

D # (for office use only)