

ANASTASIA MEDICAL GROUP

FINANCIAL POLICY

Welcome to Anastasia Medical Group, LLC! The office of Dr. Neerukonda, and Dr. Pereira,

Our goal is to provide you with quality state-of-the-art care in a cost-effective manner. In order to maintain that goal we have established the following policies to improve communication regarding appointments, medical records and your financial responsibility at the time of service or prior any scheduled surgery. If you have any questions please feel free to ask a staff member.

Your Insurance Policy: It is the policy of Anastasia Medical Group to collect any applicable co-payment, co-insurance and/or deductible at the time of service or prior to surgery. Please be aware that your insurance may require a higher co-payment for a specialist office visit.

At this time our office is a participating provider for most insurance plans and most major insurance networks. If we are not a participating provider for your insurance plan we will still file your insurance claim as a courtesy. However, you will ultimately be responsible for any fees.

If you are enrolled in a managed care insurance plan (HMO) you must obtain a referral from your Primary Care Physician (PCP) before your office visit. We will assist you in this process if applicable. Please be aware that without a referral from your PCP your visit may have to be rescheduled.

Pre-certification or authorization for a service is not a guarantee of benefits. Benefits are determined when your insurance company receives our claim. If no benefits are due you will be responsible for any balance pertaining to denied services. In certain situations there may be appeal rights for our office. If so we will attempt an appeal even without you requesting us to do so. If no appeal rights are available for our office you will be mailed a statement for the balance due. Please be aware that any appeal rights available to the patient will have to be handled by the patient.

If your insurance policy is new you may be subjected to a pre-existing conditioned waiting period. This does not apply to Medicare coverage. Any services not paid by your insurance company for this reason will be your responsibility.

Any fees we charge are for our services only. Any services provided outside our office will be billed separately by that provider. This would include laboratory, CT Scans, MRI Scans and surgery performed at the hospital or any other facility. Please speak directly with those providers regarding their fees.

Federal Law prohibits our office from writing off any balance due after your insurance company pays. Patients that are experiencing financial difficulties should speak to the office manager prior to their office visit.

Missed Appointments/Late Cancellations:

Missed appointments represent a cost to us, to you and other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to your appointment for an office visit. We reserve the right to charge \$40.00 for a missed or late cancellation for an office visit. A fee of \$200.00 may be applied to a missed or late cancellation of an office procedure. This fee is not covered by your insurance company. Excessive abuse of scheduled appointments may result in a discharge from our practice. Our office understands that emergencies do arise, but please call our office to discuss this matter with a staff member.

REFUNDS: Overpayments will be refunded upon request to the responsible party within 30 days. Please keep this in mind that an overpayment from your insurance company is not a credit to you and cannot be refunded to you.

Medical Records: Upon request we will provide you with copies of your medical records. However, this can be time consuming, so we charge \$1.00 per page for first 25 pages and \$0.25 per page for additional pages, with a minimum of \$5.00. Your insurance company does not cover this fee. Please allow 7 business days for this request.

Your Account: You will be mailed a statement on a monthly basis for any balance due. We request that you pay upon receipt of the statement. Should you have any questions concerning your statement please do not hesitate to call our office. We will make an attempt to collect any prior balance at your office visit as well as any applicable co-payment/co-insurance and/or deductible. Your account must be current prior to any scheduled appointments. If your account is past due then future services may be postponed. For your convenience our office accepts cash, checks, Visa and MasterCard. **There will be a \$35.00 charge for returned checks. Contact Stephanie Feutz with billing questions at 904-461-0821.**

Copay/Co-insurance/Deductible: It is our policy to collect your co-pay, co-insurance and deductible at the time services are rendered.

Seriously past due accounts those older than 120 days or those failing to honor agreed-upon terms- will be sent to a collection agency. Our office will forward your account balance plus any fees charged by the collection agency. Once the collection agency receives your information your past due debt will be reported on your credit history. Additionally you will be dismissed from our practice for financial matters and will have to seek healthcare elsewhere.

Patient dismissal: Failure to observe these policies, demonstration of unacceptable behavior, or medical non-compliance can result in dismissal from the practice.

I hereby understand and agree to the financial policy of Anastasia Medical Group.

Patient Name: _____

Signature: _____ **Date** _____