



FINANCIAL POLICY

Thank you for choosing Pulmonary Medicine Associates to participate in your medical care. In an effort to provide you with a full understanding of your financial obligations, an important aspect of your medical care, we have developed the following policies:

All patients are financially responsible for services provided by Pulmonary Medicine Associates. Please initial each line below signifying that you understand and agree to each of the terms:

- PMA requires that you provide a copy of your current insurance card and photo ID at **every visit**.
- It is the patients' responsibility to know their insurance policies, terms, conditions and limitations.
- As a requirement of both PMA and your insurance company, co-payments are due at the time of service. If you are unable to make your co-payment, you will be assessed a \$25 processing fee.
- Payment of co-insurance or any charges not covered by your plan is required at the time of service.
- Medicare recipients are expected to update the National File with any changes by calling 1-800-MEDICARE.
- Payment is required in full at the time of service from uninsured patients unless arrangements have been made in advance with the Business Office.
- If previous arrangements have not been made with our Business Office, any account balance over 90 days will be turned over to a collection agency.
- A fee of \$35 will be charged to you for returned checks, plus any bank fees incurred.
- A \$25 fee will be charged for an itemized statement at year end for the purpose of filing your income tax.

Appointments

- A \$35 fee will be assessed for all appointments canceled without 48 hours' notice.
- A \$350 fee will be assessed for all sleep studies canceled without 48 hours' notice.
- Patients who accumulate a total of three "No Shows" in a calendar year may be terminated from the practice.

Referrals/Authorizations

- It is the patient's responsibility to ensure that any referrals or authorizations for treatment are provided to the Business Office prior to your appointment. If the authorization or referral is not obtained prior to your visit, you will be expected to pay for all charges at the time of your visit.

Our practice firmly believes that a good physician/patient relationship is based upon understanding and good communication. Questions about our Financial Policy should be directed to the Business Office.

I have read and understand the Financial Policy and agree to comply and accept responsibility for services provided by Pulmonary Medicine Associates.

Signature

Date