

# Internal Medicine & Pediatric Associates

Tony G. Karem, MD | Spencer R. Idstein, MD | Nicole B. Strecker, MD

## General Office and Financial Policies

The providers and staff at Internal Medicine & Pediatric Associates strive to provide affordable and high quality health care to pediatric and adult patients. We work hard daily to demonstrate the best in medical practice and to provide excellence in your treatment and care. We value our relationship with you, and advising you about our General Office and Financial Policies establishes good communication and helps us foster an open interaction regarding your comprehensive primary care.



Scheduling an appointment is setting a specific date and time that is uniquely reserved for you to visit one of our providers. Our providers value your time and work diligently to stay on schedule so that you can be seen at the time of your appointment. We make every effort to stay on time with you and all patients, and therefore we ask you to arrive five minutes early to check in and be ready for your scheduled appointment. All scheduled appointments are allowed a ten minute grace period that begins at the start of your appointment time. If you arrive after this ten minute grace period expires, then you will be considered as a no-show and subject to a No-Show Fee.

If you need to reschedule or cancel an appointment, please call us at least 24 hours before your scheduled appointment. **If you do not provide 24 hours advance notice, you will be considered as a no-show.**

**Internal Medicine & Pediatric Associates reserves the right to charge you a No-Show Fee for any missed appointment or cancelled appointment with less than 24 hours notice.** The No-Show Fee, which is posted at the front desk, is billed to you and not billed to your insurance company. The No-Show Fee must be paid before you can be seen by your provider. Patients with three missed appointments could be asked to transfer their records to another doctor.

Upon registration we ask each patient or guardian to complete our Patient Registration Form. If you have health insurance, we will copy your active insurance card and valid driver's license. We wish to help you receive your maximum allowable insurance benefits, and to achieve this, we need your understanding of our financial policies and assistance to provide the necessary and appropriate information to file insurance claims on your behalf. Please keep us advised of your current and active health insurance.

Your health insurance is an agreement between you and your insurance carrier to pay for your medical care. Our office will file insurance claims as a courtesy to you, although it is your responsibility to understand the terms, conditions, and allowable benefits of your insurance plan, including co-payments, co-insurance, deductibles, and in-network vs. out-of-network provider participation. All allowed charges not covered by your insurance company are your responsibility, and as part of your agreement with your insurance company, you agree to pay allowed charges not covered by insurance to Internal Medicine & Pediatric Associates.

Although we may estimate what your insurance company might pay, your insurance company makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance. If your insurance company requires a referral or preauthorization, you are responsible for obtaining it. Failure to obtain the referral or preauthorization may lower the payment from the insurance company, which raises the amount you are responsible for paying.

Payment for services is due at the time services are rendered. We collect all co-pays and account balances at the time of your visit. **Your co-pay amount is set by your insurance company and must be paid at the time of visit.** This policy is set by your insurance company. If you cannot pay your co-payment on the date of service, you may be asked to reschedule your appointment. If you do not owe a co-payment, then we collect your account balance and co-insurance due. If you do not have health insurance, we collect the full amount owed, including account balance, at the time of service. We accept cash, checks, and credit cards.

Generally speaking, a statement is mailed to you monthly. You will not receive a statement on your account until your insurance company has met their obligation. A remaining balance or allowable amount not covered by your insurance becomes your obligation to pay Internal Medicine & Pediatric Associates. **When you receive a statement in the mail you will know that the balance owed is now your responsibility.** You may additionally receive a bill from the hospital, outpatient facility, or laboratory for hospital based procedures, x-rays, and lab work.

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If you are a guardian or custodial parent, then you are responsible for full payment at the time services are rendered to pediatric patients. We will only bill the guardian or custodial parent as the guarantor and responsible party for the minor account. We are aware that patients and parents are sometimes involved in divorce and legal proceedings, but this is a private not a health care issue. Internal Medicine & Pediatric Associates will not become involved in family, marital, or legal disputes. **The guarantor is responsible for the account. If you have a question about this information, please ask to speak with our Office Manager.**

Your insurance company must pay your claim within forty-five (45) days of submission, but if your claim is not paid within 45 days, the responsibility of payment for the services rendered becomes yours. Should a significant delay in insurance payment occur, we may ask that you pay the bill directly to our office as we work with your insurance company to secure reimbursement to you. There are some insurance companies for whom this would not apply. **If you are a subscriber to a plan that does not require our direct participation, then you will be responsible for the payment of any balance due. We collect all co-pays at the time of your visit. If you do not have a co-pay, then we will collect the appropriate co-insurance or balance due at the time services are rendered. Please inform our office of any change of insurance coverage at the time of your office visit.**

If your insurance company requires a referral, then as the subscriber, it is your responsibility to obtain a referral for any consultation, testing, x-ray, emergency care, or surgery required by your insurance plan. As your primary care provider, we will assist with obtaining the referral from your insurance company. If you seek care on your own from a specialist or consulting doctor, you must let us know 2 business days prior to your appointment with a specialist to request and process a referral from your insurance company. **Failure to obtain this referral prior to the date of service could allow your insurance company to deny (not pay) the claim.** In this event you will be responsible for the office visit and lab work. **If you go to an emergency room or immediate care center, please call our office within 48 hours of discharge so that your provider can follow up on your urgent visit.**

Forms and letters for FMLA, disability, and other purposes will be completed by providers or staff at Internal Medicine & Pediatric Associates for a fee, which is posted at the front desk. This fee will be collected at the time of the request and prior to the completion of the form or letter. Our providers and staff work very hard to provide the best care to all patients, including taking time outside of regular office hours to review charts and ensure forms and letters are filled out accurately. Forms, letters, immunization certificates, and other requests for medical records require five business days to complete.

Your physician will send your prescription to your pharmacy by the end of the day of your appointment. Providers often complete prescriptions at the end of the day after seeing all patients. If the work day is completed, please contact your pharmacy regarding the processing of your prescription. If the pharmacy has not received your urgent prescription, please call the on-call physician to request the submission of the prescription that evening. All clinical inquiries and messages will be reviewed and answered by the next business day.

We do not accept Workers Compensation insurance to pay for medical services rendered by Internal Medicine & Pediatric Associates. If you are involved in a motor vehicle accident, we do not submit claims to your health or car insurance company. Payment for services rendered must be paid at the time of your visit. We will provide you with an Encounter Form, which you can submit to your auto insurance company for reimbursement.

There is a fee, which is posted at the front desk, for any checks returned by the bank for insufficient funds.

If you have a balance on your account, we will send you a monthly statement showing the previous balance, any new charges to the account, any finance charge, and payments or credits applied to your account during the month. We will send statements for 3 months. After three months, you will be sent a letter. If you do not contact us after three statements and a letter, then your account could be sent to a collection agency and you will not be able to schedule or see the physician until your account is settled fully.

We understand that medical care can be costly, and we want you to feel comfortable discussing any financial difficulties with our office. Please contact our Office Manager or a billing representative to make payment arrangements to manage your

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account. We will always be willing to work with you on a payment plan as long as your intent to make payment is evident to us.

We hope that we have covered some of your questions about our office and financial policies. If you have other questions, please call the Office Manager, staff, or provider at Internal Medicine & Pediatric Associates.

This Agreement is between Internal Medicine & Pediatric Associates, PSC, as creditor, and the Patient/Debtor named on this form. In this agreement the words "I," "my," "you," "your," and "yours" mean the Patient/Debtor. The word "account" means the account that has been established in your name to which charges are made and payments credited. The words "we," "us," and "our" refer to Internal Medicine & Pediatric Associates, PSC.

By executing this Agreement:

- I grant permission to the providers and staff at Internal Medicine & Pediatric Associates to release medical information for insurance filing, specialist referrals, and other purposes related to my primary care.
- I agree to pay for all services that are received.
- I have read and understand the above office and financial policies.
- I agree to all of the terms and conditions contained herein.
- The Agreement will be in force and effect on the date of my signature below.

### Acknowledgment

\_\_\_\_\_  
Printed Patient Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Signature Date