

Sheela Parrish , M.D. P.C.

FINANCIAL POLICIES

Mission: To provide our patients with the highest level of care, customer service and transparency. Thank you for entrusting us with your health care needs. We appreciate and welcome your feedback to improve services or address any personal concerns regarding your medical care or office experience.

Demographics: Please ensure our office has your correct address, phone number, and emergency contact information.

Annual Wellness Exams: After an initial office visit, all patients will be scheduled for their annual wellness exam. Many insurance companies encourage such visits and will waive your deductible or co-pay; however, many insurances dictate that if any problems are discussed or prescriptions generated from this wellness exam, your co-pay or deductible may then become due. Wellness exams are focused on health promotion activities such as updating routine screening and recommended vaccines.

Please discuss your wellness benefits with your insurance and notify our office if such benefits are not available to you. Knowing the terms of your insurance is your responsibility.

Financial policies and procedures:

Insurance: Please be aware it is the patient's responsibility to know and understand their plan coverage, benefits and exclusions. This includes which labs, hospitals, and other providers are in your individual health plan. Health plan coverage varies significantly by carrier, employer and contract. Please contact your insurance company for any questions about what services and/or facilities are included in your network. Not all insurance plans cover all services. In the event your insurance plan determines a service to be "not covered", you will be responsible for the complete charge.

We have prior arrangements with many insurance companies and other health plans to accept an assignment of benefits. We accept the amount your insurance allows for services. You are responsible for any co-payments, deductibles, and non-covered services at the time of your visit. Charges for your care are due in full at the time of service.

Referrals: Many insurance companies require a referral to see specialists or obtain testing. It is the patient's responsibility to know if a referral is needed and whether the specialist is in your insurance network. Please allow 5-7 business days for referrals/authorizations to be approved. Most plans do not allow retro-referrals. It is your responsibility to make sure such a referral is active before seeing your specialist.

Fees and Account Balances: Past due balances are to be paid in full before services can be further rendered unless prior arrangements have been made. There will be a \$40.00 fee for returned checks.

Medical records: Records will be made available upon request. As a courtesy to our patients, we are happy to fax medical records to provider of your choice free of cost. However, if you need copy from us, you may be charged (depending on the number of records requested) the reasonable costs of reproducing the record as provided by applicable law.

Collections: Our policy is to pursue collection of delinquent accounts past ninety (90) days. All collection procedures will comply with applicable laws. Collection agencies may be enlisted after three (3) attempts to contact the patient have been made by our office in order to collect payment. Agencies may help resolve accounts for services where patients are uncooperative in paying their balance in full.

I have read and understand the above policies and agree to abide by these guidelines.

Patient Signature

Date