Internal Medicine Associates of West Plano
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Office Financial Policy Agreement

Thank you for choosing Internal Medicine Associates of West Plano (IMAWP) for your medical care. We are committed to providing you with quality, personal health care, and appreciate your commitment to adhere to this **Office/ Financial Policy Agreement.** By understanding our policy, we can provide you with the best service. Agreement with this policy is required for all medical care.

P*ayment is required at the time services are provided*. We accept cash, personal in-state checks, VISA, MasterCard, Discover and American Express credit cards. There is a **$50.00** service charge for returned checks.

OFFICE HOURS (By Appointment Only):

- Monday, Tuesday, Wednesday, and Friday: 8:00 am to 5:00 pm
- Thursday: 8:00 am to 12:30 pm
- The office is closed for lunch from 12:30 pm to 1:30 pm

As a courtesy to other patients, we request you arrive on time. If you arrive more than 15 minutes late, you may be asked to reschedule. For after hours/weekend **emergencies**, please call the office first. A message will guide you to the Doctor-on-Call.

INSURANCE: We participate in some managed care plans. Knowing & understanding your insurance benefits is ***your*** responsibility. ***You are responsible for any charges not covered by your plan***. If we do not participate with your insurance plan, payment in full is required at the time of service.

- **Proof of Insurance**. All patients must complete and/or update our Patient Information Form at each office visit. You must furnish valid and up-to-date proof of insurance coverage and a copy of your driver's license. If you provide false or expired insurance information you will be responsible for the balance of the claim. It is your responsibility to comply/ respond in a timely manner to any requests from your insurance company for needed information to process your claims. **Please notify us of any changes in your insurance coverage ASAP**. Insurance denials for termination of coverage will be automatically billed to you.

- **Co-payments and deductibles**. All co-payments and co-insurance /unsatisfied deductibles must be paid at the time of service. Please be aware that any remaining balance of your claim is your responsibility.

- **Referrals**. If your managed care plan requires authorization for referrals to a specialist, or radiological imaging, it is *your* responsibility to inform the office of this requirement. We require 7-day notice to facilitate a referral authorization request and cannot issue retroactive referrals. An office visit and/ or a referral fee may be required.

OUT-OF-NETWORK CARE / SELF PAY: It is your responsibility to confirm if we participate in your insurance network prior to your office visit. You do have the option to seek care in our office even though we do not participate in your network.

***Administrative Services, Charges, and Patient Responsibilities*:**

Patients will be required to provide their credit card number (on the registration form) to secure a new patient appointment. This credit card number will be kept on-file for payments related to the charges outlined below & balances due. These will be charged directly to your credit card.

- **Missed appointments**. Missed appointments represent not only a cost to us, but also an inability to provide services to others who could have been seen in the time set aside for you. **We require 24 hour notice of cancellation** to avoid a ***$100 cancellation fee for a New patient appointment and $50 for a Follow-up appointment***. It is your responsibility to remember your appointment.

- **Prescription refills**. Prescriptions for acute care or chronic conditions are written with an appropriate number of refills at the time of your office visit (to last until your next scheduled appointment). ***You will be charged $25 for any additional refills issued without seeing the Physician or to replace a lost prescription.*** All prescription requests are taken only during regular office hours and filled within 72 hours.

- **Prior-Authorizations**. We will complete prior authorization requests from your insurance company. It is the patient's responsibility for contacting their insurance company to have the prior authorization forms forwarded to our office. ***A $50 fee will be assessed for time to complete the prior authorization form*s.**

- **Letters / Form completion.** At the discretion of the Physician, letters and forms requiring medical review, completion and Physician signature are subject to a **$25-75** fee based on the complexity.

- **Telephone Consultations / After hours calls**. ***Telephone consultations/after hours calls for medical advice/treatment may be subject to a $30 fee*** that is billed directly to you.

- **Emails**. We utilize a secure/ encrypted email for sending of reports, documents or other necessary information. For appointments/ scheduling, new medical issues, advice or questions, please call the office to set up an appointment. For other received emails requiring a response, allow 1 week for a reply and a $25 fee may apply.

- **Requests for medical records**. In accordance with Texas law, a written request for the release of medical records is required. The administrative fee associated with retrieving & copying medical records is based on current Texas law and is dependent on the number of pages requested. Please take this into consideration when requesting copies of your medical records.

I have read, understand, and agree to comply with the terms of your Office Financial Policy.

_____ _____

Signature Date

_____

Printed Name