

Financial Policies and Procedures (Revised 1/1/2019)

Endocrinology Associates of OH, LLC

Endocrinology Associates of OH, LLC is committed to providing quality medical care and services to our patients. The following policies outline your financial responsibilities to your medical provider and the group.

I hereby authorize my insurance benefits to be paid directly to Endocrinology Associates of OH, LLC. I understand that I am financially responsible for co-payments, co-insurance and any non-covered services. I also authorize Endocrinology Associates of OH, LLC to release any information required for claim purposes and allow a photocopy of my signature.

All patients will be registered in our computer system to maintain accurate information for billing and referrals. It is the patient's responsibility to advise our staff of any changes in demographic information or insurance coverage. Patients are also required to provide us with an emergency contact for someone living outside of their home.

Office visit co-pays are to be paid at the time of service. If a patient does not have insurance, they are required to pay their charges in full at the time of service. If they have secondary insurance that will pay their co-pays, we will bill this balance to insurance.

If a non-sufficient funds check is returned to Endocrinology Associates of OH, LLC, a \$30.00 fee will be added to the patient's account in addition to the amount of the check. This fee and the account balance must be paid by cash, debit card or credit card only. In the event a patient's check is returned to us, we will not accept personal checks as a future form of payment from this patient. A fee of \$80.00 will be charged for failing to show for an appointment without calling the office. Furthermore, a fee of \$40.00 will be charged for failing to give our office notice of cancellation within twenty- four hours of an appointment.

Statements are sent out monthly and patient balances are due upon receipt of statements. Balances over 90 days will be reviewed for collection action. Patients will be sent a final notice prior to the account being transferred to a collection agency. If there is no response to this notice, we will move forward with this collection process. If a patient's account is turned over to a collection agency, there will be no further medical treatment for that patient from Endocrinology Associates of OH, LLC.

Patient (Print)

Patient (Signature)

Date