Endocrinology of Central Pennsylvania, LLC

2020 Good Hope Rd, Suite 100, 1st Floor, Enola PA 17025
Phone: 717-728-ENDO (3636) Fax: 717-728-3640

FINANCIAL POLICY AGREEMENT

(Updated Policy: Effective Date: Oct 1, 2014)

For Our Patients with Medical Insurance Benefits: Endocrinology of Central Pennsylvania (the "Practice") participates in most major health plans and has contracts with many HMOs, PPOs, and government insurers including Medicare and Tricare. The Practice's business office submits claims to your plan for covered services rendered to you as a patient of the Practice and will assist you in any way the Practice reasonably can to help get your claims paid. It is the patient's responsibility to provide all necessary information as requested by the Practice. If you have a secondary insurance, the Practice will automatically file a claim with them as soon as the primary carrier has paid. Your insurnce company may need you to supply certain information directly. It is your responsibility to comply with their request.

Non Participating Insurance: If you have an insurance plan with which the Practice does not participate, you as the patient will be responsible for payment at the time services are rendered. The Practice will not mail a bill to you if you are a 'self pay' patient.

For the Service: Payment for services not covered by Insurance or out of network payments are expected to be paid in full at the time services are rendered. The Practice will deny any service in the future, if the patient is not willing to pay in full for their visit on the date of service, or the patient has not entered into a payment plan as described below. Co-payments are exempt from this, because your insurance requires you to pay your co-pay at the time services are rendered.

Co-Payments: Your insurance company requires us to collect co-payments at the time of service. Waiver of co-payments may constitute fraud under state and federal law. Please help us in upholding the law by paying your co-payment at each visit. For your convenience we accept cash, checks or the following credit cards: Visa, MasterCard and Discover. If you do not have your co-payments, Practice staff may request you to reschedule your appointment to a future date. The Practice is not permitted to send a bill to the patient for the predetermined co-pay from the insurance company.

Payment Plan: There are times when making a payment can be a financial hardship. It may be necessary to set up a payment plan for a patient who cannot comply with our financial policy. If you are in need of special payment arrangements, please advise our staff prior to your visit. The patient will be required to sign up an official agreement for the payment plan to be effective for their account. The patient will have to provide an active credit card for the this plan to be effective.

Return Check: Returned checks will be charged a $25 fee per check. After receiving two (2) returned checks, the Practice will request the patient to pay cash or a credit card only for office payments.

No Call – No Show: For New patient appointments, the patient will be charged $50.00 as a penalty for NO SHOW, and for Established patients follow up appointments, for penalty would be $25.00 for NO SHOW.

Repetitive Cancelling and Rescheduling the Appointment within less that 24 hrs.: The office has a policy that requires the cancelling or rescheduling an appointment with 48 hours. If the changes are made one day prior (i.e. less than 24 hours) or on the day of the appointment, then the patient will be charged $25 penalty for cancellation. Patients are requested not to cancel their appointments at the time of reminder calls as this leads to wastage of the practice's time in preparing the office schedule

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Delinquent Balance Appointments: If a Patient has had a balance of $ 10.00 or more on their accounts payable more than 90 days, then these accounts payable will be considered delinquent. Patients will be required to make a full payment towards their balances and will also have to provide an active credit card for any future appointments in the office.

Cancellation or No Show – No call for Special Request Early Morning or Late Evening Appointments: If a Patient has a No Show for these appointment slots, then they will have to talk to the Practice manager to schedule their next appointment with the provider. There is an extra $25.00 fee in addition to the regular charge for cancelling or having a No Show for these appointments. Patients will have to call the office at least 72 hours prior to make changes in their appointments unless there is a medical or a family emergency. This fee can only be waived by the Practice manager.

Statement Service Charge: The Practice is trying to "Go Green" and will be sending the 1st two statements without any charge. If the balance is still unpaid the Practice will automatically process a service fee of $5.00 in subsequent statements. Patients have an option of calling the Practice and making their payment in full using their credit card over the phone. If the patient does not pay their balances in full including the service fee, the Practice will send the account to a collection agency after 90 days of processing. Once the account has been transferred to the collection agency, the bill will have an additional charge of 30% of the total balance as service fee for collection.

Referrals: If a patient has an HMO plan or Tricare North, which requires a referral from the primary care physician (PCP), it is the patient's responsibility to request and obtain this referral from the PCP. The PCP may fax this referral to out office directly. However, if the Practice does not receive this referral prior to your scheduled visit, you will be responsible for payment, or you will need to reschedule your appointment. Please call our office 48 hours in advance of your appointment, to verify that your referral has been received.

By my signature below, I attest that I have read, understood and agree to the terms of this Financial Policy and Agreement.

_____
Patient Signature

_____
Print Name

_____
DATE