

Cal Arundel Family Medicine

Business Office Disclosure Statement and Patient Acknowledgement

The following is a description of some procedural details relating to the business operations of our office.

- **Our physicians participate with most insurance plans. "Participation" means that we have a contractual agreement with your insurance company, and we accept as payment, what the plan allows, minus any deductibles or co-payments that may be due from you. If we have a contractual agreement with your insurance company, we will submit the claim for payment to the insurance company for you. You will be asked to pay your co-pay, if applicable, at the time of the visit. If you do not present us with the insurance card, you will be personally responsible for the bill. If you were referred here for a specialty consultation, you must also have a valid referral from your primary care doctor. If you do not have a current referral, or there are no additional visit authorized by your insurance company from a previous referral, you will be personally responsible for payment for service provided. If your visit is related to a worker's compensation claim, you must provide us with the appropriate case claim number. If this information is not available, you will be personally responsible for payment. If your visit is related to a motor vehicle accident, you are personally responsible for payment of fees at the time of service.**

- **Your physician may order blood test and/or s-rays as part of your health assessment. Your insurance company may require you to use one particular lab or radiology group. We will do everything possible to direct you to a participating office. Our "Laboratory Requisition Form" has detailed information regarding insurance company participation. If you go to the wrong lab, your insurance company will not pay the bill. The financial burden will then be your own responsibility. Please note that your doctor may order lab tests to evaluate symptoms, or follow up on clinical problems. We will provide the lab with all the proper diagnosis information so that your insurance company may pay the claim. You should also know that tests may be ordered to screen for various disease conditions. Although the doctor may believe that these tests are important to your health and well-being, insurance companies do not always agree. Depending on the limits of your coverage, your insurance may not pay for screening tests. In this case, the lab may ask you to sign a waiver notifying you of such a possibility, and later send you a bill for non-covered services. In this case, it will be your responsibility to pay the lab for the non-covered services. (When considering renewal of your insurance, you may wish to consider a more generous plan for future claims.)**

- **Interest may accrue on unpaid balances. Please pay for amounts due at time of service.**

- **Please note that 24 hours advance notice should be given for appointment cancellation. A \$25.00 missed office visit fee may be assessed.**

- **For your convenience, we accept VISA and MasterCard for payments.**

- **There is a \$20.00 fee for returned checks.**

I have read and accept the policies of this office stated above. I assume financial responsibility for and agree to make payment in full to Cal Arundel Family Medicine for any charges for services provided to me not otherwise authorized by, or paid for by my insurance carrier. I authorize the release of any medical information necessary to process my insurance claim forms and authorize payment of medical benefits directly to Cal Arundel Family Medicine.

Signature

Date

Print Name