

FINANCIAL POLICY

Welcome to Indian River Internal Medicine, LLC. In order for us to be able to deliver the quality of care that you are accustomed to, we have established these financial policies. The following is a list of guidelines that are necessary in order to continue to provide high quality care and make your visit as pleasant as possible.

PLEASE READ ALL INFORMATION AND ACKNOWLEDGE BY SIGNING BELOW.

1. We ask that you present your insurance card at each visit. It is your responsibility to provide us with the correct information to bill your insurance. Further it is the patient's responsibility to verify with your insurance that Dr. Prieto is a provider within your network. If you have a change of address, telephone number, or employer, please notify the receptionist and we will give you a form to update.
2. Payment is expected at the time the services are rendered. We will collect your deductible, co-payment, or charge for non-covered services at the time of your visit. If you have a balance after an insurance payment from a previous service, we will also ask for that payment. We accept cash, checks, Visa, MasterCard, and Discover.
3. Insurance is filed for all primary and secondary insurance companies. If your insurance denies our charges, or does not pay us in a timely manner, you will be responsible for the balance owed.
4. **DELINQUENT ACCOUNTS:** Accounts are sent to collection 90 days from the date the services were rendered. Further, if your account is past due more than 90 days, an appointment will not be scheduled until your account is paid in full. Patients having financial difficulties are encouraged to discuss them frankly with our billing representative before the account becomes delinquent.
4. **MEDICARE PATIENTS:** We are participating providers with Medicare and will bill Medicare for all your covered charges. If you have supplemental insurance, we will also bill that for you. If payment is not received from your supplemental insurance within 45 days of being submitted, we will bill you for the balance due. Each year you will be expected to pay the allowed amount of your charges until your Medicare deductible is met.
5. **MOTOR VEHICLE CLAIMS** are not filed.
6. **WORKERS COMPENSATION CLAIMS** are not filed.
7. **SELF PAY PATIENTS:** Patient with no insurance will be expected to pay at the time services are rendered.
8. **NO SHOW/ MISSED APPOINTMENTS:** If you miss your appointment without providing a 24 hour cancellation notice, a fee of \$30.00 will be incurred. Notice of cancellation must be given during normal business hours Monday through Friday.

Remember, whether you do or do not have insurance, you are ultimately financially responsible for payment of the charges for services rendered to you. If you have any questions regarding our financial policy, please contact our billing department at 772-581-1881.

I have read and have a full understanding of the financial policy of Indian River Internal Medicine, LLC.

Patient Name (Printed): _____

Patient Signature: _____ Date: _____