

CITRUS PULMONARY CONSULTANTS AND SLEEP DISORDERS CENTER BILLING AND PAYMENTS POLICY

We at Citrus Pulmonary Consultants and Sleep Disorders Center are committed to providing you with the best possible medical care. In order to achieve our goal, we would like you to take a moment to review our payment and insurance policies.

Payments are due at the time services are rendered. We accept cash, checks, and all major credit cards – Visa, Mastercard, Discover, and American Express. We are unable to accept HSA credit cards provided by your insurance company for payment at this time, unless they contain the Visa or Mastercard logo. Return checks are subject to a twenty-five dollar (\$25) non-refundable fee. If you are unable to pay the entirety of your balance at time of service, payment arrangements must be discussed and approved prior to services being rendered. We will gladly discuss your proposed treatment and assist with any insurance questions you may have; however, please realize the following things:

1. Your insurance is a contract between you, your employer, and the insurance company; we are **not** a party to that contract.
2. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services that they will not cover (i.e.: yearly physicals, x-rays, labs, hearing tests, etc.)
3. If you are sent from our office for blood work or other procedures, it remains your responsibility to verify that your insurance participates with the outside facility and that the service will be covered.

Full knowledge of your insurance benefits remains your responsibility. Please contact your insurance company with any questions you may have regarding your coverage. If your insurance changes, please notify our office as soon as possible. This ensures that the appropriate changes are made in your record, and proper notifications of coverage are made as it applies to our office. We must emphasize that our primary concern is with you and your health, and not with your insurance company.

Medicare patients have a calendar year deductible and/or a responsibility of 20% that is due at the time service is rendered, unless prior arrangements or secondary insurance coverage is applicable. Citrus Pulmonary Consultants and Sleep Disorders Center is a provider of Medicare; therefore, we will file your medical claims to Medicare on your behalf.

Primary Commercial patients are responsible for maintaining knowledge of coverage as it applies to our office. Because of the numerous commercial insurance plans available, it is impossible to know the coverage guidelines for every insurance. Please be sure that the receptionist has received a copy of your card before you are seen to assure effective account management. Any financial responsibilities, such as copayments and deductibles, are due when services are rendered.

Medicaid patients are responsible for a two-dollar (\$2) copayment for all visits, regardless of whether Medicaid is primary or secondary. Primary Medicaid coverage requires prior authorization for all office visits and procedures from your primary care provider.

Secondary insurances are filed as a courtesy, regardless of the in- or out-of-network status. If the insurance does not cover the charges, it is your responsibility to contact them. Payment for the charges will also become your responsibility.

Please note that we do not accept Workers Compensation, Veterans Administration, or Automobile Insurances.

All charges are your responsibility from the time services are rendered. Any balances after ninety (90) days, including those that are not paid by insurance, may result in collection actions. We do understand that emergencies and financial hardships do occur; however, you must contact our office promptly for assistance in the management of your account.

If you have any questions regarding the above information provided to you, please do not hesitate to contact our office. We are here to help you, and appreciate that you have chosen us as your physician.

I have read and understand the above Payment and Insurance Policies.

Patient Signature

Date