



OFFICE AND FINANCIAL POLICIES

Bradenton office: 316 Manatee Ave, W, Bradenton, FL 34205
 Lakewood Ranch office: 8340 Lakewood Ranch Blvd, Ste 210, Bradenton, FL 34202

Bradenton office: 941-748-2277 (phone) 941-748-1958 (fax)
 Lakewood Ranch office: 941-556-8930 (phone) 941-556-8935 (fax)

Billing Inquiries only: 941-748-9727

Our goal is to provide you with high-quality and efficient care. There are many details involved in the process of payment for the services that you receive. In order for this process to flow smoothly, it is essential that you understand what information we must share with each other and with health insurance companies, and what both our responsibilities are.

Scheduling and registration: We require you to provide your medical insurance card, photo identification, your address, date of birth, social security number and phone number. If you receive health benefits through a spouse we require you to provide that person's address, date of birth, and phone number as well.

Health Insurance Cards: Upon scheduling each appointment, our team will ask to verify your insurance information, and may ask to see your insurance card upon check-in at each appointment. Please bring your card to every appointment, and notify the office of any changes at your next appointment.

Keeping Appointments: Please notify us at least 24 hours before your scheduled appointment if you need to cancel your appointment so that we may be able to accommodate another patient that may need immediate attention. Multiple cancellations without notifications/no-shows may result in termination from our practice. A \$100 fee will be charged for not showing up for a Nuclear Stress testing appointment. This test requires a daily purchase and delivery of pharmaceuticals that have a shelf life of only one day. A \$50 fee will be charged for any other testing that is canceled for noncompliance of our pre-testing instructions.

Health Insurance Plans: It is your responsibility to understand the provisions of your health insurance plan and coverage. As helpful as we pride ourselves on being, our team cannot be expected to know the details of your particular plan, as we see hundreds of different plans every week. We recommend contacting your carrier prior to receiving services in order to verify your coverage levels and responsibilities.

Authorizations: You are responsible to make sure all necessary referrals, pre-certifications or other required documentation are obtained prior to your appointment. Our team may help with this process in certain circumstances. If our team determines that your plan requires an authorization, and you do not provide such referral, authorization or certification, you may be required to sign a waiver in order to receive services or the appointment may be rescheduled.

Copayments: It is our responsibility, as detailed by the terms of our contracts with health insurance companies, to collect any copayment amounts at the time of your appointment. It is your responsibility, as detailed by the terms of your health insurance coverage, to pay any copayment amounts at the time of your appointment. Please have your payment ready upon check-in. There will be a Service Charge on all returned checks.

Previous balances and/or deductibles: It is our responsibility, as detailed by the terms of our contracts with health insurance companies we participate with, to bill you for any portion of your treatment that your health insurance carrier assigns to your responsibility. It is your responsibility, as detailed by the terms of your health insurance coverage, to pay any such portion. If you do not remit full payment on any such bills within a reasonable period and with reasonable notice, your account may be sent to a collection agency.

Self-pay patients: If you do not have health insurance, have coverage through a carrier with which we do not participate, or are receiving a known non-covered service, it is our policy that you must pay for your service in full before leaving the office. Payment arrangements for testing after the first visit may be made on a case by case basis by calling our Patient Account Representative.

Medical Records: A fee of \$1.00 per page for the first 25 pages and .25 for each additional page will be charged for a copy of your medical records for the purpose of transferring care or personal use. If you prefer, the records can be put on a CD for a flat fee of \$5.00. There is no charge for medical records that we are requested to forward by mail or fax to other treating physicians.

Form Completion: A fee of \$25 will be charged for the completion of most forms (disability, FMLA, etc) There are forms that may require an appointment prior to completion of the requested documents.

Telephone Messages: Non-urgent telephone messages will be returned within 24 hours. If you have an urgent problem, please speak to the nurse (do not leave a message).

Prescription Refills: Please call your pharmacy and ask them to send us an electronic request for a refill of your prescription(s). Once we receive this request please allow up to 48 hours for the request to be completed.

Signature of Patient or Responsible Party	If person signing is not patient, please state relationship	Date