Office Policies

1. **INSURANCE CARDS.** Insurance cards must be shown at each visit.

2. **COPAYS.** If you owe a co-payment, then the co-payment must be made at each visit prior to seeing the doctor.

   If you do not know your co-payment amount, you must pay $20 towards your copay. Any over payment will be credited to your account.

3. **INSURANCE CLAIMS.** If your insurance company denies coverage for your claim for any reason, you will be responsible for payment. This includes all charges. You may still be able to obtain reimbursement from your insurance company by submitting the charges yourself, but you will be responsible for the payment. If you have any questions regarding your coverage, please contact your insurance company.

4. **PARTICIPATING INSURANCE.** Even if the doctor participates with a particular insurance company, the doctor may not be a full participant in your particular plan. *Accordingly, it is your responsibility to determine whether the doctor participates in your specific insurance plan.* If your insurance company does not pay the claim for any reason, you will be responsible for payment.

5. **SECONDARY INSURANCE.** Our office does not submit claims to secondary insurance if the secondary insurance does not accept electronic claims. If you have secondary insurance, you should call your secondary insurance carrier and set-up “automatic crossover” so that your primary insurance company sends your claim directly to your secondary insurance company. Once automatic crossover is set up, your secondary insurance company should make payment directly to this office and we will not bill you for the balance. Otherwise, you will be responsible for the balance. Patients with Medicare as their primary insurance should call 800-633-4227 to determine if they are already set up for automatic crossover. Please contact your secondary insurance company to set up automatic crossover.

6. **REFERRALS FOR EACH VISIT.** It is your responsibility to determine whether you need a referral for your visit, and to obtain any necessary referrals. If your insurance company denies coverage because you did not have a referral, then you will be responsible for the full charges.

7. **COST OF COLLECTIONS.** If your account is turned over to a collections agency, you will be responsible for any fees imposed by the collections agency to collect your account. As these fees can be in excess of fifty percent (50%) of the outstanding balance, please be sure to pay your balance promptly.

410-414-6185
995 PRINCE FREDERICK BLVD, STE 101 • PRINCE FREDERICK, MD 20678

8. **MISSED APPOINTMENTS.** This office has a 24-hour cancellation policy. If you miss your appointment and you did not cancel your appointment at least 24 hours prior to the date of your appointment, you may be billed [$50/$25/full fee].

9. **PRESCRIPTION REFILLS/FORMS.** There is no fee for prescription refills or medical forms.

10. **TELEPHONE EVALUATIONS FOR RETURNING PATIENTS.** If you have already been seen by the doctor and would like to discuss further concerns but would prefer to avoid a visit, please ask us about making a telephone appointment. Telephone appointments are available for simple, straightforward issues. There is no fee for the telephone appointment.

11. **EMAIL COMMUNICATION.** If you would like to speak with the doctor but would prefer to avoid a visit, please send an email. Email communications are available through our dedicated and secure patient portal, and should be used for simple, straightforward issues. If the doctor feels that the matter can not appropriately be addressed by email, she may ask you to come in for a visit. There is no fee for the email communication.

Issues that may be appropriate for telephone or email include:

1. Calling in a prescription for a condition for which you have seen the doctor in the past 6 months;

2. Consulting the doctor on current symptoms to determine if an office visit is necessary or appropriate;

3. Discussing concerns related to a condition for which you have seen the doctor in the past 6 months.

4. Discussing concerns related to a family member who is under the care of the doctor.

I HAVE READ, UNDERSTOOD AND AGREE TO THE OFFICE POLICIES SET FORTH ABOVE.

Name: ______________________________ Date: ______________

410-414-6185
995 PRINCE FREDERICK BLVD, STE 101 • PRINCE FREDERICK, MD 20678