

## ENDOCRINE ASSOCIATES FINANCIAL POLICY

Our office will submit your medical claims to the insurance company that you provide as a courtesy to you. It is your responsibility to verify your benefits, coverage, and network participation with your insurance company for all services rendered by our physicians. In order for us to process the claim on your behalf you must provide our office staff the correct insurance information, a copy of your insurance card (front and back), and all necessary information or additional forms. Your insurance policy is a contract between you and your insurance company. It is ultimately your responsibility to know the status of your account. If your insurance company has not paid your account within 60 days, the balance will be billed to you. It is also your responsibility to inform our office staff of any changes in your insurance information. In the event you provide your insurance information after an insurance carrier's imposed "timely filing limit" our office will not be able to submit claims on your behalf. The balance of services rendered will be the patient's responsibility.

- **Co-payments:** ALL co-payments and co-insurance percentage payments are due at the time services are rendered. Our office accepts cash, checks, debit cards, Mastercard and Visa.
- **Secondary Insurance Plans:** Our office is unable to submit to secondary insurance plans (with the exceptions of Medicare and Tricare). At the time of your visit we will provide you with a summary of the charges. This summary, along with the Explanation of Benefits that you will receive from your primary insurance company, is all you will need to submit to your secondary plan. If we do not provide you with a summary of the charges- be sure to ask for one!
- **Medicare Patients:** Our physicians participate in the Medicare program. For those patients with Medicare as their primary insurance, our office will file claims to your secondary insurance policy as well.
- **Tricare Patients:** Please call ahead to verify that you have a current, valid referral on file with our office. Remember that most referrals are only valid for a certain amount of visits and a limited period of time. Our office will not be able to see you until we have a current referral on file.
- **Appointments:** We make every effort to meet our patients' needs in scheduling appointments. All visits with the physicians are by appointment only and we request that patients arrive promptly. If you must cancel or change your appointment, our policy requires that you contact us at least 24 business hours in advance so that other patients may be accommodated. If 24 hour notice is not given a cancellation/reschedule fee of \$35.00 for follow up appointments or \$95.00 for new patients may be assessed.
- **Administration Charges:** Charges may apply to some "non-covered" services. These may include but are not limited to: prescription refills, drug authorizations, completion of certain forms and photocopying of medical records.

## AUTHORIZATION

I hereby authorize Frank R. Crantz, M.D. or S. Mark Tanen, M.D., LLC to apply for benefits on my behalf (or my child's) for services rendered. I also hereby authorize payment of the insurance benefits, otherwise payable to me directly, to the doctor.

I authorize the release of any information concerning my health care, advice and treatment provided for the purpose of evaluating and administering claims for insurance benefits.

I agree to be responsible for all charges not covered by my health insurance.  
I understand that I will be held financially responsible for all costs involved with the collection of monies for this account. This includes collection fees, court costs, and reasonable attorney fees.

I have read and understand the above information. I understand I am responsible for charges incurred from services rendered.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_