

The ADD/ADHD Diagnostic & Treatment Center, PA

FINANCIAL POLICY AGREEMENT

Thank you for choosing The ADD/ADHD Diagnostic & Treatment Center for your medical care.

To reduce confusion or misunderstanding we ask that you read this Financial Policy Agreement, ask any questions, and sign the Authorization and Acknowledgement. Other than for true medical emergencies, agreement with this policy is required for all medical care. We appreciate your commitment to adhere to this Financial Policy Agreement.

Except as indicated below, **payment is REQUIRED at the time services are provided.** We accept cash, and credit cards (VISA, MasterCard, Discover, and American Express).

INSURANCE: We participate in most managed care plans. If we do not participate with your managed care plan, payment in full is required at the time of service. **Quoted benefits from your insurance company is NOT a guarantee of payment;** therefore, we strongly encourage you to contact your insurance company for questions you may have regarding your coverage for testing and treatment of ADD/ADHD. You are responsible for any services not covered by your plan.

- **Proof of Insurance.** Valid and up-to-date proof of insurance coverage and a copy of your or a guardian's driver's license must be furnished. If false or expired insurance information is provided, you will be responsible for the balance of the claim. **Please notify us of any changes in insurance coverage prior to the time of service.** Insurance denials for termination of coverage will be automatically billed to you. If you fail to provide current/active insurance information in a timely manner and your claim denies for the deadline of "past" timely filing, you will be responsible for the full payment of the claim.
- **Co-payments and deductibles.** By contractual law, protection of your insurance benefits requires us to charge at the time services are provided. This includes co-payments, co-insurances, deductible and non-covered services. Additionally, any remaining balance from previous services will also be due and collected at the time of service.
- **Claim submission.** Your insurance policy is a contract between you, your employer and the insurance company. We are NOT a party to that contract. We will submit your insurance claims as a courtesy to you for most services performed in our office; however, **you are ultimately responsible for payment of all services you receive.** Texas insurance law requires your insurance company to provide timely payment. If your insurance company has not processed and/or paid your claim after 60 days of claim submission, you are responsible for payment of all services you received regardless of your insurance status. It is your responsibility to contact the insurance company about non-payment. Our office will only further assist you AFTER you have contacted your insurance company. If your insurance company has not resolved your dispute, you may register a complaint with the Texas Department of Insurance. However, you cannot delay payment to us while you are awaiting the outcome of your dispute, appeal, or refiling.
- **Referrals.** If your managed care plan requires approval or authorization for referrals, it is your responsibility to inform our office of this requirement. You are responsible for obtaining a referral from your primary care physician (PCP) and making sure referral is on file with your insurance for claim processing.. We do not call PCP offices on your behalf. If you cannot obtain a referral, do not have an official PCP, OR were denied a referral, your office visit for that date of service will be processed as a Self-Pay/Cash-Pay office visit.

SELF PAYMENT: We recognize that not all patients have insurance coverage. Some patients may choose to receive care even when we are not "Participating Providers" with your managed care plan (Out-Of-Network). We do not believe in, nor do we endorse charging a fee greater than the fees we have agreed to receive from most managed care networks. Patients without insurance may apply for the **Jefferson Independence Card** as a way in which you can receive services at costs similar to the fees paid by many major managed care plans. To learn more, and to obtain similar discounts on other health care services, please visit www.jeffersoncard.com.

OTHER SERVICES, CHARGES AND PATIENT RESPONSIBILITIES: Insurance coverage generally does not include coverage for many administrative services. **The following services may have an administrative service charge that will be billed directly to you.** (Cont'd on page 2)

Initials: _____

- **Appointments.** Office visits are by appointment only. Appointments are on a first come first serve basis. *Please arrive 15 minutes early for your appointment.* Patients who are late for any appointment may be asked to reschedule. Remember to bring any paper work requested by our physician or staff. Appointments may be cancelled if all requested paperwork is not available at time of visit.
- **Late Cancellation & Missed appointments.** We track missed (non-cancelled) appointments and require 24 hour notice of cancellation. In failure to give proper notice, you will be charged a *\$25-\$75 cancellation fee* (depending on the type of appointment). Although we give every courtesy in order to remind you of your appointment, it is ultimately your responsibility to remember your scheduled appointment. *Please be aware insurance will not cover charges for no show/late cancellation fees.*
- **Appointments for minors.** We require prior permission from the parent/guardian to treat any child under the age of 18. If someone other than a parent/guardian brings a minor patient to their appointment, a parent/guardian's written consent, with their signature is required in order to treat the minor patient. The parent/guardian can also grant consent on the Confidentiality Questionnaire. *Minor patients will not be seen without this signature/consent.* In the case of a legally separated or divorced parent seeking treatment for their minor child, a copy of decree pages outlining parental rights/consent for medical treatment must be submitted to our office PRIOR to treatment and will be kept on file. For established minor patients, the parent/guardian is responsible for keeping the insurance information current on file and making sure the minor patient is able to pay their responsible portion for each visit.
- **Prescriptions.** New prescriptions will NOT be issued without first seeing the physician. Controlled Substance prescriptions are usually written for a 30 day supply during the regulation process or in some cases a small quantity to last you until your next scheduled appointment. Once the regulation process is accomplished, the physician (at his/her discretion) may prescribe a 90 day supply of medication. *For replacement Rx requests made and approved by the physician, there will be a charge of \$25. See: Rx Replacement Policy for protocol.*
- **Requests for medical records.** Our facility requires written requests for the release of medical records. The administrative fee associated with copying medical records is based on current *Texas Medical Board- Fees for Medical Records (Title 22, Part 9, Chapter 165, Rule 165.1)*, which allows up to 15 days to forward the requested copies. Medical Records requests are not processed until payment has been received. Please take this into consideration when requesting copies of your medical records.
- **Form completion.** All forms requiring medical review and physician signature are subject to an administrative fee of *\$25 per page.*
- **After hours calls.** All after hour *calls for medical advice are subject to a \$50 fee* that will be billed directly to you and is your responsibility for payment. Please be mindful that these after hour lines are **FOR EMERGENCIES ONLY**. This line should not be called for expired/lost/stolen prescriptions, prior authorizations, to make or cancel appointments, OR any administrative issues.
- **Health care advice.** With the advent of the Internet and other sources of health information, we find that we are often consulted for health care advice, oftentimes not related to the patient's current medical care or needs. Providing such information may require considerable thought and/or investigation on our part to coordinate with the patient's exact medical condition. Therefore, any such advice – when unrelated to the patient's current medical condition may be subject to an administrative fee of \$75 per quarter hour of investigation and response.
- **Phone Consults.** If you need to call and speak with your physician directly (outside of an office visit), please be advised that for billing/record-keeping purposes this is considered a phone consultation. These phone consultations will be filed with your insurance company. However, not all insurance policies cover phone consultations. You are responsible for payment of all services you received regardless of your insurance status. It is your responsibility to contact the insurance company about non-payment or denial.
- **Telemedicine Appointments.** Telemedicine is a new technology that allows you to communicate with your doctor over secure video chat for routine follow-up appointments. You'll be provided with a link via email to set up a profile. Please keep in mind that your profiles can ONLY be accessed thru Chrome or Firefox browsers.

Initials: _____

Each individual patient requires an individual profile per email account. Telemedicine appointments are normally covered under your health insurance; however, we recommend that you contact your insurance company for benefit details and/or restrictions. You will be charged the same co-pay or deductible pricing as a regular in-person visit in addition to \$15.00 administrative fee. If insurance does not cover telemedicine appointments, a self-pay option is available. We also require patient to complete a signed credit card authorization form before your initial telemedicine visit. **BE READY 15 MINUTES BEFORE YOUR APPOINTMENT.** Once the visit is complete, please call our office to schedule your follow-up appointment. ***Keep in mind that telemedicine appointment is to be conducted in a private and a safe environment or you will not be seen by our physician. Your account will be assessed with \$75 cancellation fee as a result and you will lose your privilege to book any future tele-med appointment. It is our office policy that we see you at least once a year for an in-person office visit. It is your responsibility to assure a secured internet connection is used for telemedicine appointments. Public wifi (airport, hotel, coffee shop, restaurant, etc) is not secured and your private medical information is vulnerable and could be compromised.***

Equipment Required: Desktop/Laptop/Cellular Phones/Tablets with a webcam and microphone & broadband internet connection.

COLLECTIONS: Any outstanding insurance balance after 60 days becomes your responsibility and will be subject to a finance charge of 1.5% per month. ***Any balance after 90 days will be turned over to an outside collection agency.*** In situations of divorce, separation, court orders, etc, the party initiating treatment and signing the financial agreement (regardless of whom the policy holder is) will be financially responsible for the account– including payments, no-show/late cancellation fees and any other collection fees accrued.

- **Financial Agreements.** If you are willing but unable to pay the balance in full, our financial agreement will allow you to pay your balance in monthly installments with a "Federal Truth -in- Lending Statement" signed by you. You will be responsible for the finance charge computed at the periodic rate allowable by law in the state in which you reside. Our policy requires keeping current credit card # on file to deduct your monthly payments. ***If your credit card declines your account will be turned over to an outside collection agency without notice and your contract with our facility will be terminated.***
- **Delinquent Accounts.** We reserve the right to refer your account to an outside collection agency and/or attorney for any unpaid charges over ninety (90) days old. This agency reports to the four (4) National Credit Bureaus in the event of non-payment. You will be charged any fee that we are charged by the collection agency, including any interest and all legal fees of collection without suit. If any "courtesy" discount was given to you by our office, that discount will be revoked and will no longer apply in the event that your account gets sent to collections. You will also be responsible for any additional charges accrued from treatment at our facility that were not included in the mutual estimated bill.

HIPAA PRIVACY NOTICE: I acknowledge that I have received the HIPAA- Notice of Privacy Practices and have had the opportunity to review its contents. **Initials:** _____

AUTHORIZATION AND ACKNOWLEDGMENT:

I certify that I have read the Financial Policy Agreement of The ADD/ADHD Diagnostic & Treatment Center, PA and fully understand its contents and agree to comply with these terms and policies as outlined above. I understand that authorization shall apply to all services provided to me, my dependents or any other person for which I have assumed responsibility by signing below.

(X) _____
Signature (Patient/ Parent/Guardian) *circle one*

_____/_____/_____
Date

Printed Name (of signature above)

_____/_____/_____
SS# (required)

Patient (if different from signee)