

Neurology
Electromyography & Infusion
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FINANCIAL POLICY & PROCEDURES

It is our desire to provide quality medical care to all our patients in an efficient manner, as well as complying with all generally acceptable standards of care and Federal/State laws!

INSURANCE BILLING: If you have medical insurance that we participate in, we will submit the claim to them. It is your responsibility to update the office with changes in your insurance, failure to do so will result in a financial burden on you for any uncovered or unauthorized services. If we do not participate with your insurance, then you are responsible for all charges at the time of service. Insurances policies may vary greatly in terms of coverage and noncovered services. By signing this you are authorizing this office, upon request from your insurance provider, to release any medical or any other information necessary to process your insurance claim.

CO-PAYMENTS/DEDUCTIBLES: Are due at check-in prior to your visit with the physician. If you have contracted copayment that amount will be collected, if you have a deductible, we require that you pay 50%. Failure to pay your required co-pay will result in a billing fee of \$25.00.

We encourage you to contact your Insurance Carrier if you have any questions regarding your contracted Co-Pay, Deductible, Referrals and Physician's Participation.

APPOINTMENT CANCELLATION: When we make an appointment for you, we reserve time on the providers 'schedule just for you. If you cannot make your appointment, we ask that you give us the courtesy of a 24 Business Hour (Monday- Friday 7:45-4:30) call. Leaving appointments on the schedule that you are not going to show for is both a financial burden to the practice and denies care to other patients. **Failure to cancel appointment within the appropriate time frame will result in a \$50.00 "No Show" or same day cancellation fee.**

EMERGENCIES: Emergencies are those medical conditions that require immediate attention. We are a Specialist; we do not have same day "urgent" appointments available. If you feel you are experiencing an emergency or life-threatening condition, call 911 immediately.

PRESCRIPTION REFILLS: Please allow at least 48 Business Hours for your prescription refill request to process, Controlled Medications require 5-7 business days, so please allow ample time when requesting refills. To process a refill request on your medication, contact your pharmacy. ALL requests are made electronically! **PLEASE NOTE:** We can only refill prescriptions that our healthcare provider originally prescribed. If you have not been seen in our office within the last year, you will need to make an appointment before we can refill the prescription.

FORM FEE: All paperwork requests are subject to a \$25.00 fee, prior to completion, this includes but is not limited to FMLA, disability and DMV forms. **We will not fill out any paperwork if you have an outstanding balance until its Paid in FULL.** Please allow 7-10 Business days for completion. We will be more than happy to fax/mail your forms for you, however, please be sure that you have completed your portion of the form.

MEDICAL RECORDS: Your medical record is strictly confidential. No information will be released to anyone or place without your written consent to do so. If you wish to have your medical records released to another party for any reason you will need to complete an authorization form requesting where you would like your records sent. We cannot accept authorization over the phone. We have forms available in our office that you may come in and complete. Please allow 7-10 Business days to process your request.

BILLING CHARGES: A \$25.00 service charge will be added to an unpaid balance after 30 days. If your bill remains unpaid after 90 days the office reserves the right to terminate the doctor/patient relationship if your account is outstanding. The office will follow all Federal/State requirements as to continuity of care upon dismissal from the practice and you will receive a letter of notification of termination.

PAYMENTS: We gladly accept VISA, Master Card, Discover, American Express, Cash and personal checks
NOTE: there will be a \$25.00 fee for any returned checks.

DISCLOSURE REQUIREMENTS

HOSPITAL AFFILIATIONS: Dr. Medved is affiliated with Rochester Regional Health and Strong Memorial Hospital; however, he does not provide inpatient coverage at any hospitals.

SURPRISE BILL MANDATE: Dr. Medved participates in **most** Commercial Insurance plans; however, **we do not participate in Department of Labor Workers Comp, No Fault and straight Medicaid.**

OUTPATIENT FACILITY SERVICES: If you are referred for further testing outside of our office, we will provide you with the facility name, address and phone number. You, the patient is ultimately responsible for verifying with the facility that your insurance is accepted before having any tests performed.

Dr. Medved and his staff work hard to provide you with high quality care. Any time service is rendered, whether it is for an appointment, form completion, referral, prescription refill or some other service, it generates a cost to the practice. It takes time, equipment and supplies to respond to your needs and provide you with outstanding medical care. Payment of your bill ensures the availability of our services to you and others.

Acceptance of the Medical Services Financial Agreement

I have received, read and understand the "Medical Service Financial Agreement". I understand if any services or charges are not covered by my insurance carrier to my eligibility cannot be verified that I am responsible for all charges incurred.

Print Name of Patient

Signature of Patient or Legal Guardian

Date