



## 2020 PATIENT FINANCIAL RESPONSIBILITY FORM AND OFFICE POLICIES

Thank you for choosing our practice. We are pleased to participate in your health care and look forward to establishing a lasting relationship. As your endocrinologist, I will follow all of your endocrine conditions. Any other concerns outside of my scope of expertise would have to be addressed with your primary care physician. Please review and sign this form to acknowledge your understanding of our patient financial and office policies:

1. You acknowledge and agree to the FINANCIAL POLICIES. You may request a copy from the Office Staff. These policies may be changed from time to time by Endocrine Solutions of South Florida, without notice.
2. Copays/deductibles: At time of service, you must present your most recent insurance card. We may verify your insurance benefits, but you are ultimately responsible for all payment obligations arising out of your treatment or care and guarantee payment for these services. You are responsible for knowing your insurance policy. For example, you will be responsible for any charges if any of the following apply: your health plan requires prior authorization or referral by a Primary Care Physician before receiving services at our office, and you have not obtained such an authorization or referral; you receive services in excess of such authorization or referral; your health plan determines that the services you received at our office are not medically necessary and/or not covered by your insurance plan; your health plan coverage has lapsed or expired at the time you receive services; or you have not provided your most current insurance card, and the services were not covered; you have chosen not to use your health plan coverage. If you are not familiar with your plan coverage, we recommend you contact your carrier or plan provider directly. All copays, deductibles, and balances will be collected at time of service. If you do not have your payment upfront, we will need to reschedule your appointment.
3. Claims: We will submit your claim to your insurance carrier as a courtesy to you. You agree to facilitate payment of claims by contacting your insurance carrier when necessary. Without waiving any obligation to pay, you authorize the release of any medical information necessary in order to obtain payment from your insurance. It is important to notify us as soon as possible of any changes related to your insurance coverage. Failing to do so may result in unpaid claims, and you will be responsible for the balance of the claim.
4. Overpayments: Once your insurance carrier processed your claim, we will bill you for the remaining patient responsibility deemed by your insurance carrier. If you make a payment that results in a surplus on your account, you authorize Endocrine Solutions of South Florida to apply the overpayment to any other account or future service that you are financially responsible for.
5. Statements: You will be mailed a billing statement that contains the total cost of your service(s) or procedure(s) received during your visit(s). You must notify us of any errors or objections to the billing statement within thirty (30) days or they will be deemed accurate, and the fees and expenses shall be deemed reasonable and necessary for the services incurred. If there is a problem with your account, it is your responsibility to contact our office to address the problem or to discuss a workable solution. You understand that you are responsible for all charges for services that you received, and if the patient responsibility portion of your charges (including charges applied to your deductible and/or coinsurance, and medically necessary procedures not covered by your insurance) is not paid in full within sixty (60) days following your office visit, then your account will be sent to collection. For small balances, we may stop sending billing statements after the first initial statement, but you understand that the amount shall remain due and owing until paid in full.
6. Payments: We accept payment by check, cash, money order, debit cards (preferred) or credit cards.
  - a. Payment by Check. If payment is made by check and it is returned or declined for any reason, your account will be charged a surcharge of \$25.00.
  - b. Payment by Credit Card/Credit Card on File. When you pay by Credit/Debit card, you agree to keep the credit card information current, and you authorize Endocrine Solutions of South Florida to securely store your credit card information, and only charge it to cover a copay/co-insurance or an outstanding balance. Once stored, only the last 4 digits of your credit card are viewable by office personnel.
7. Collections. Payment of any account balance is due within 30 days of receipt of your billing statement, and account are automatically sent to collections after 60 days from your office visit with an additional charges of \$25.
8. Medicare. Medicare patients without a secondary or with a Medicaid Managed Care Plan (Medicaid HMO, Medicaid SLMB, or Medicaid QI1 plan) will be responsible to cover their 20% co-insurance. Any portion of the deductible that has not been met is your responsibility. Medicare deductible will be collected at time of service. Please take note that not all Medicaid secondary's cover the 20%.



9. Ancillary Services. You may receive ancillary medical services during your office visit such as: interpretation of tests, imaging services (Fine needle aspiration, Ultrasounds), injections, blood sugar and/or hemoglobin A1C testing. By signing below, you understand that as a result of these ancillary services, you may incur additional charges. You agree to pay all charges due after benefits are paid on your behalf by any third-party are credited to your account. You understand that all services provided to you by our office are considered medically necessary, but your insurance may not cover all services, or might deny payment for one of the services then you agree to pay the balance remaining as the services were already provided to you.

10. Authorization to Contact. You authorize Endocrine Solutions of South Florida personnel to communicate by mail, answering machine messages, text messages, and/or e-mail according to the information provided in your patient registration information. You expressly consent to any such contact being made by the most efficient technology available, even if you are charged for the contact.

11. Fees. Returned Checks: \$25 fee. No Show fee \$25 (we require a 24-hour notice of appointment cancellation). Medical records: \$1.00/page (for the first 25 pages), \$0.25 for each additional page (You can also join the patient portal for a one-time \$20 access fee, which will allow you to get all medical records and physician progress notes). There is an administrative fee for completing forms or creating a letter on your behalf, from \$20.00 - \$90.00. FMLA forms should be done during an office visit, if it is not the case, forms might be charged up to \$90. Please note that Dr. Misha Denham can only complete forms pertaining to an endocrine concern, any other forms should be addressed to your primary care physician. Mailing fees: blue prescriptions mailed to your home that cannot be picked up at the office, will be charged \$2 / envelop.

12. Laboratories: We routinely send our laboratory testing to third-party laboratory companies (Quest Diagnostics and LabCorp). Please be aware that some tests might not be covered by your insurance carrier and Endocrine Solutions of South FL cannot be held responsible. Please contact your health insurance to verify your coverage. We charge a convenience fee of \$15 for all labs drawn in the office. It's considered a self-pay charge which will not be submitted to your insurance. Lab results will only be discussed during an office visit, any lab results reviewed outside of an office visit will be charged a service fee of \$35.

13. E-Visit: By popular demand, Dr Denham now offers E-Consultation online through the patient portal or by phone, for those whom missed an appointment, or are traveling and cannot come to the office. A charge of \$75 for E-Visit without labs, and \$95 for E-Visit with a full set of labs. Self-pay charge, not through your insurance. E-Visit can only be performed once in between office visits.

#### 14) AUTHORIZING FAMILY/FRIEND

Due to the increased number of calls on behalf of family and friends for our patients and because we cannot communicate any information to any other person than you, please inform the medical assistants if you wish to add anyone in your list that can be authorized to call on your behalf (including spouse):

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#### Acknowledgment

By signing below, I acknowledge that I have read, understood and agreed to the specified terms of this statement and office policies and I agree to pay all charges due (or to become due) to Endocrine Solutions of South Florida for the below Patient's care and treatment, including co-payments and deductibles, as required or provided pursuant to my insurance plan and/or the insurance plan of another, as applicable; benefits, if any, paid by a third-party will be credited on the Patient account; regardless of my insurance status or absence of insurance coverage, I am ultimately responsible for the balance on the account for any services rendered; if I failed to make any of the payment for which I am responsible in a timely manner, I will be responsible for all costs of collecting the money owed, including collection agency fees; and failure to pay when due may subject me to late payment charges and can adversely affect my credit report. I further agree that a photocopy of this Patient Responsibility Financial Statement shall be as valid as the original. ONCE I HAVE SIGNED THIS AGREEMENT, I AGREE TO ALL OF THE TERMS AND CONDITIONS CONTAINED HEREIN AND THE AGREEMENT SHALL BE IN FULL FORCE AND EFFECT.

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Signature of Patient

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Print name

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Date