



Financial Policy Insured Patients

Thank you for choosing us as your medical care provider. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have developed this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

- 1. Insurance.** We participate in most insurance plans, including Medicare. Always bring your insurance card with you when you come in for a visit. If you are not insured by a plan we do business with, payment is expected at each visit. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage.
- 2. Co-payments and deductibles.** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contractual agreement with your insurance company. Please help us by paying your co-payment at each visit.
- 3. Acceptable forms of payment.** We accept cash, check, money order, Visa and MasterCard. A fee of \$30 will be assessed for each personal check returned by your bank as *non-sufficient funds*.
- 4. Referrals.** It is your responsibility to know whether your insurance carrier requires a referral and to bring it with you at the time of service. If you don't bring a needed referral, we will ask you to sign a Referral Waiver if you want to receive services that day. If you are not able to supply a referral from your primary care physician within five business days, you will be responsible for full payment for the service.
- 5. Non-covered services.** Please be aware that some – and perhaps all – of the services you receive may be *noncovered* or *not considered reasonable or necessary* by your insurance company. The fact that the insurance company doesn't cover the service doesn't mean that you don't need it. Your doctor will explain why he or she thinks that you can benefit from a service or procedure. If you elect to have the non-covered service, you must pay at the time of visit. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.
- 6. Medicare patients:** If we believe you are receiving a service that Medicare considers not reasonable or necessary for your condition, you will be notified in writing on a form called an Advance Beneficiary Notice of Non-coverage (ABN). This will provide you the opportunity to decide if you will proceed with the service ordered. This process is required by Medicare and preserves your right to appeal their decision.
- 7. Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.
- 8. Coverage changes.** If your insurance coverage changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.



**GBMA
Physician Enterprise**

- 9. Nonpayment.** Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you will be assessed a 30% surcharge to cover agency fees. You will receive a statement of your account each month. If your account is over 90 days past due, the message on your statement will say that your account is being reviewed for placement with a collection agency and you have 10 days to send payment in full. Partial payments will not be accepted unless otherwise negotiated. Extended payments need to be discussed with the billing office at 443-204-8249.
- 10. Telephone Calls.** We understand that there are times that you may need to consult your physician by telephone. When those telephone consultations are not the result of a visit that occurred in the previous seven (7) days, or do not result in a visit in the next three (3) days, there will be a charge for these consultations based on the length of time of the call. Charges may range from \$25 to a maximum of \$60. Some insurance carriers, especially Medicare, may consider these services as “noncovered”. The charges will be your responsibility.
- 11. Missed appointments.** We reserve the right to charge for missed appointments and those that are canceled within 24 hours of the date of the appointment. Our fee is \$75 for new visits and \$50 for return visits. These charges will be your responsibility and will be billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment or canceling with us at least 24 hours in advance.
- 12. Forms Completion.** We reserve the right to charge for completion of forms (disability, MVA, etc.) because it requires time and resources that are in scarce supply. Our fee for simple, single page forms is \$10 each. Our fee for complex, multi-page forms is \$25 each. Fees must be paid in full at the time of service.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

Thank you for understanding our payment policy. If you have any questions or concerns, please contact our **billing office at 443-204-8249**. Representatives are available to assist you **Monday through Friday from 8:30 am until 4:00 pm**.

All payments and correspondence should be mailed to:
GBMC Agency, Inc.
PO Box 631568
Baltimore, MD 21263

I have read and understand the GBMC Faculty Financial Policy and agree to abide by its guidelines:

Signature of patient or responsible party

Date