



**Cochlear Implant Center**  
6535 North Charles Street, Suite 250  
Baltimore, Maryland 21204  
(443) 849-8400

## **Welcome to Our Practice!**

Greater Baltimore Medical Center (GBMC) and Greater Baltimore Medical Associates (GBMA) are pleased to welcome you to our practice and let you know that we are dedicated to providing you with the kind of care that we would for our own loved ones.

This ***Patient Information Package*** is designed to help you understand some of the options for improved quality care that are available to you, as well as some of the things that we expect from you to assist us in your care.

We look forward to seeing you at your scheduled appointment. To save time on the day of the appointment, please read this ***Patient Information Package***, check and sign the consent document, and complete the enclosed registration forms. Please bring the forms and consent document with you to your visit.

If you are unable to complete these forms before your visit, please plan to arrive 15-20 minutes before your scheduled time, so that we may answer any questions you may have about completing the forms.

### ***Medications***

When you come for an appointment, we always need to know all of the medications that you are currently taking. Please complete the medication section of the enclosed ***Patient History Form***, or you may provide us with a copy of your own list if that is more convenient for you.

### ***Insurance***

We participate with most insurance plans. Please bring a photo ID and your insurance card(s) to each appointment.

### ***HMO/Managed Care plans***

If your insurance plan is an HMO or Managed Care plan, you may need a pre-authorization or referral to see our providers as we are considered a 'Specialty' practice. Under the terms of your plan, the provider may not be able to see you without the necessary referral or authorization, unless you are willing to sign a *Voluntary Waiver of Insurance Benefits* and agree to payment at the time of service.

### ***Payment for Services***

Co-payments are due at the time of your appointment. If you do not have insurance, you will be eligible for a 30% "prompt pay discount", if you pay in full at the time of your visit. We accept cash, check, Visa, Mastercard, Discover and American Express. If you are unable to pay at the time of service, please refer to the **Financial Policy** section in this package for the options that are available to you.

### ***Appointments***

Please be on time for your appointment. We will do our best to see you at the appointed time and/or advise you of any delays. If you need to reschedule an appointment, please contact our office to give us at least 24 hours notice. If you are more than 15 minutes late for your appointment we have the right to reschedule your appointment.

### ***Surveys***

Periodically, you may receive surveys online or through the mail asking you to give us feedback about how well we are meeting your needs. We would greatly appreciate your input so that we can improve our service!



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## **Financial Policy**

GBMC is committed to providing you with quality and affordable health care. We participate with most insurance plans. We also recognize our obligation to the Community to provide appropriate medical care, regardless of ability to pay. We will assist you, if needed, through negotiated payment plans and our Charity Care policy, if qualified.

**If you have questions about a bill, please call our Central Billing Office at (443) 394-6110.**

**If you are in need of financial assistance, please call Patient Financial Services at (443) 204-8254.**

### *Definitions:*

**CO-PAYMENT** is a fixed amount set by the insurer that the patient is responsible for paying at the time of service. The co-payment may vary by the type of service, the provider rendering the service, and/or the place in which the service is rendered.

**CO-INSURANCE** is the patient's cost share, usually calculated as a percentage of the total cost of the service. Depending on the plan, the co-insurance may or may not be subject to a deductible amount.

**DEDUCTIBLE** is the amount the patient is responsible for before the insurance plan starts paying for services. The deductible may not apply to all services.

### ***Uninsured Patients***

If you are uninsured, payment is expected on the day of your visit. If you need elective surgery, payment is expected prior to scheduling your procedure. You will be eligible for a 30% "prompt pay discount", if you pay in full at the time of your visit or prior to surgical scheduling.

### ***Insurance Coverage***

It is your responsibility to know and understand the terms of your insurance coverage. Your insurance plan is a contract between you and your carrier. It is your responsibility to know whether your insurance carrier requires a referral and to bring it with you at the time of service. In the event that you present without a referral when one is required, we will ask you to sign a *Voluntary Waiver of Insurance Benefits* if you want to receive services that day. You will be responsible for the bill. Please contact your insurance carrier with any questions regarding your coverage.

### ***Co-Pays, Deductibles, and Coinsurance***

All co-pays are due at the time of service. Contractually, your insurance company requires us to collect the portion for which you are liable at the time services are rendered. Deductibles and coinsurance amounts are due once notification by your insurance company has been received, either in an Explanation of Benefits (EOB) or a statement from GBMC.

### ***Acceptable Forms of Payment:***

We accept the following forms of payment: Cash, Check, Money Order, Visa, MasterCard, Discover and American Express. A fee of \$25 will be assessed for each personal check returned by your bank as *non-sufficient funds*.

### ***Medicare***

If we believe you are receiving a service that Medicare does not consider reasonable or necessary for your condition and for which payment is expected to be denied, you will be notified in writing with the Advance Beneficiary Notice of Non-Coverage (ABN) form. This will provide you with 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.



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***Non-payment / Delinquent Accounts***

You will receive a statement of your account each month and may receive a phone call about unpaid balances. If a balance remains unpaid for more than 90 days, the message on your third statement will say that your account is being reviewed for placement with a collection agency. Your account may be assessed a 30% surcharge to cover agency fees. You will be allowed 10 days to send the payment in full. Partial payments or extended payments will not be accepted unless otherwise negotiated with the **Central Business Office** at (443)394-6110.

***Missed Appointments***

We reserve the right to charge for missed appointments and appointments that are canceled within 24 hours of your scheduled time. Our fee is \$50. These charges will be your responsibility and will be billed directly to you. If you have missed or canceled 3 appointments in a row, you will not be allowed to schedule another appointment until payment of the missed appointment fees have been received.

***Medical Records***

Your medical records will be sent to other healthcare providers and your insurance carrier at no charge. If medical records are needed by other parties, such as attorneys, there will be a service charge for printing and/or copying and mailing.

***Forms Completion***

We reserve the right to charge a fee for completion of forms (disability, FMLA, MVA, etc.). These fees must be paid at the time the forms are submitted at the practice. The fees are as follows: \$10 Per Simple/Single Page form. \$25 Per Complex/Multi-Page form.

**All payments or correspondence should be mailed to:**

**GBMC Physician Self Pay  
PO Box 418034  
Boston, MA 02241-8034**

**Notice of Privacy Practices**

The Health Insurance Portability and Accountability Act of 1996 requires that GBMC provide you with information about how we may use your Protected Health Information (PHI). All of that information is contained in GBMC's Notice of Privacy Practices which you will receive in a separate pamphlet. The Notice will tell you:

- How GBMC may use and disclose your protected health information.
- Your rights with respect to the information and how you may exercise these rights.
- GBMC's legal duties with respect to the information.
- Whom you can contact for further information about GBMC's privacy policies.



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### **Designated Spokesperson**

Due to privacy rules, providers may not release your health information to anyone without your permission. This includes family members or friends that you may want the provider to keep informed. You may give us authorization to share information with specific individuals that you designate as your **Spokesperson(s)**. If you provide this authorization, here are some things that you should be aware of:

- We will only share information about the services (x-ray, laboratory, other test findings, diagnosis, prognosis and treatment plan) rendered by GBMC Providers whether in person or over the telephone.
- Once this information is released to the spokesperson, it may no longer be protected by the federal privacy regulations.
- The designated spokesperson(s), Medical Power of Attorney, Health Care Agent or other individuals allowed by law, will be the only individual(s) who may obtain information about you.
- Your spokesperson does not have decision-making abilities unless he/she is able to do that as set forth in law.
- The authorization will expire one year after the date on the ***Patient Consent Signature*** form.
- You may withdraw this authorization at any time by notifying the GBMC Policy Officer in writing. If you do withdraw the authorization, it will not have any effect on actions taken by GBMC prior to receiving the written request.
- You may refuse to sign this authorization. Your treatment will not be affected in any way by your choice to grant or not grant spokesperson authorization.

### **Consent to Photograph**

GBMC would like to photograph you for identification purposes while you are under our care. The photographic image will be stored in your electronic medical record. GBMC will not use this photograph for any other purpose.

### **Patient Consent Form**

Please be sure to ask for clarification of anything that you don't understand or may have a concern about before you sign the Patient Consent form. Then please check the items that you consent to and sign and date the form. This Consent form is valid for one year from the date noted on the form. We will ask you to sign a new consent form annually.