



FINANCIAL POLICY

Amy Brenner MD & Associates, LLC operates as a S corporation and therefore NOT classified as a non profit business We are required by our contract with your chosen insurance carrier to file your claims according to the services that we provide.

1) Routine, Well Women, Preventative, or Yearly Visit: These are visits to prevent health problems and to review any recommended age appropriate screening tests such as mammograms, pap smears, and bone density analysis. Weight, smoking, diet, constipation, vaccinations, sterilization, contraception, STD screenings and lipid screening might be addressed. This is not a visit to discuss current problems that you might be having that need to be addressed or to prescribe new medications. Current prescriptions may be refilled if no health changes since you were last seen. Insurance only covers these types of visits once a year. If your claim is denied for this reason, we will bill you for this visit as non-covered.

2) Problem Visits: These are visits to address symptoms or complaints that might signify the need for diagnosis and treatment or require the ordering of further testing for evaluation. They may be for illness or follow up of a medical condition. These types of visits may be for menopause symptoms, period problems, infertility, headaches, insomnia, sexual dysfunction, fatigue, depression, pain, etc. These visits will focus on the problems that you want to discuss. The visit may or may not include an examination.

Your coverage for these two types of office visits are determined by your particular insurance contract. **It is your responsibility to know what is covered at 100%, what is covered with a deductible and/or a copayment, and what services are not covered.**

If you want to have your visit limited to a **Preventative/Annual Visit** it is your responsibility to make that known prior to seeing your clinician. If the visit expands to a **Problem Visit** as described above, the visit will be billed accordingly and additional deductibles and copayments will be applied.

We will make every effort to help you maximize your insurance coverage but we will bill according to national billing guidelines. We will not be able to honor requests to change what was billed at any time unless there was a billing/coding error.

At either type of visit, laboratory testing may be ordered. We will code the reason for the testing and file it with your insurance. If it is just for screening such as to check your cholesterol, it may not be covered and you would be responsible for the entire charge. If it is covered such as for a thyroid test if you have symptoms of thyroid dysfunction, you may still be responsible for deductible and copayment even if the visit is covered at 100%.

____ We will have coding and insurance experts available to help you understand your coverage and responsibility if you have questions. We will make our best **ESTIMATE** to calculate what your responsibility will be after your claim is paid and request payment at the time that your services are rendered. If overpaid, a refund will be applied to your account. If a balance is due, you will receive a statement from our office.

____ There are many services that we offer that are not covered by insurance. Payment is due for these services in full at or before the time of service and cannot be submitted to insurance for coverage.

____ Statements are sent out every four weeks. If a balance is left unpaid 60 days after the first statement date, the system will generate a third statement and add a \$10.00 finance charge to the balance. If this balance remains unpaid, the balance will then be put in a collection status adding 10% to the total bill and sent to an outside collection agency. If the balance reaches this point, only emergency services will be provided for 30 days and you may be asked to leave the practice.

____ While missing an appointment sometimes happens due to uncontrolled circumstances, there will be a \$35 missed appointment fee applied for any appointments that are not cancelled with at least a 24-hour notice. Phone messages are acceptable forms of communication, as they are time stamped. We work hard to accommodate schedules for all parties and often we can accommodate another patient in the event you are unable to keep your appointment with the appropriate cancellation notice.

____ There will be a \$25 returned check fee for any returned checks. Amy Brenner MD & Associates, LLC will attempt to redeposit the check ONE time if the bank allows. If there are more than two returned checks on the history of an account, checks will no longer be accepted as a form of payment.

____ Amy Brenner MD & Associates, LLC will charge a \$110 fee for Consults with our Weight Loss and Wellness Coaches. This fee will be collected at the time of the appointment and is not billable to insurance. Skin care products and supplements are refundable but there will be a 25% restock fee assessed. Returns are valid within 14 days from original purchase and must contain ¾ of the original content.

WE ARE NOT IN-NETWORK FOR ANY MEDICAID, MEDICARE, TRICARE or MARKET PLACE PLANS. WE WILL SEE PATIENTS WITH THESE PLANS ON A SELF PAY BASIS. PLEASE CHECK WITH YOUR INSURANCE CARRIER. PATIENTS WILL BE RESPONSIBLE FOR PAYMENT IN FULL AT THE TIME OF SERVICE.

Your signature below acknowledges your understanding of these issues and that all of your questions have been answered.

Signature _____ Date _____

D.O.B. _____ Name (Print) _____