
FINANCIAL POLICY

1. We will file insurance for any PPO, HMO, or other managed care plans with which we are under contract. All co-payments and/or deductibles must be paid at the time of service. It is your responsibility to make sure Dr. Mona Chacko is in your provider network and your PCP, if applicable. If we are not on contract with your insurance, payment is due at time of service.
2. We do accept assignment for Medicare and file all claims to Medicare. We do supplemental insurance billing for Medicare. Many times Medicare sends information to your supplemental carrier for processing.
3. There will be a thirty dollar (\$30) fee assessed for any returned check.
4. Your insurance policy is a contract between you and your insurance company. It is impossible for our office staff to know all the details of each insurance plan. It is important that you know your coverage and your policy provisions. State law requires your insurance carrier to process your claim within 45 days. If they fail to do so, you will be responsible for paying all charges within 120 days from the date of service. _____
5. If your account is placed with a collection company for non-payment, there will be a collection service fee added to your account.

HMO and POS Patients Only

1. **Precertification of Emergency, Hospital Care** - HMO patients with Dr. Chacko as Primary Care Physician. We must be notified within 48 hours of any hospital admission or services that you have received outside of our office. Failure to do so may result in a reduction of benefits. We will not be responsible for any reduction of benefits and we will not retroactively approve any emergency care that we were not notified of within the allotted time frame. _____
2. **Referrals:** One of the physicians at Stonebrook Family Medicine must see all patients whose insurance plan requires a referral to see a specialist. No phone referrals will be given. This is the policy of your insurance plan, not our office. Please allow three days for the referral to be processed by your insurance company. We cannot obtain retroactive referrals from your insurance company.

Initial the blanks above indicating you agree to payment and referral policy.

AUTHORIZATION

I authorize release of medical records to determine liability for payments or treatment, and to obtain reimbursement.

I assign all medical benefits for office visits to Dr. Chacko. This assignment will remain in effect until revoked by me in writing. A photocopy of this policy will have the same validity as the original.

Patient's signature

Date