Endocrine & Diabetes Center
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FINANCIAL POLICY

The following information is to outline your financial responsibilities for the professional services by our physicians, advanced practice practitioners and staff. If you have any questions or concerns, please do not hesitate to ask a member of our staff for clarification.

FINANCIAL RESPONSIBILITY

1. Endocrine and Diabetes Center requires the completed patient registration form, copy of any insurance information and photo identification prior to evaluation and treatment.
2. Your insurance policy is a contract between you and your insurance company and that you, the patient or the guardian, are ultimately responsible for all charges associated with your care regardless of insurance coverage.
3. We only participate with limited number of insurance plans. If we do not participate with your health plan, or you do not have insurance coverage, you will be responsible for full payment at the time of service. We will provide you with a financial statement that you can submit to your insurance company for reimbursement. Obtaining a reimbursement for out or network services is subject to your insurance policy and we cannot guarantee payments by your insurance.
4. All co-pays, deductibles, non-covered services, incidental services and previous balances are due at the time of service, unless you have made payment arrangements with our office prior to your appointment. If you arrive without your co-pay or prepared to pay your balance, you may be asked to reschedule.
5. The patient will be responsible for payment of "non-covered" or "incidental" services, including but not limited to telephone and/or email consultations, dietary instruction, diabetes education or other medical care not covered by the insurance policy.
6. For your convenience, our office accepts cash, check, Visa, MasterCard and American Express
7. We reserve the right to request a deposit on your credit card at the time you make your first appointment
8. There will be a charge for copying medical records, letters or any medical forms which need to be completed by the physician or advanced practice practitioner
9. If we participate with your insurance, we will bill the claims to your health insurance carrier for all services provided by our office. Should your insurance company reimburse you directly, we expect payment from you in full within ten (10) days of the receipt of payment
10. It is your responsibility to provide us with the correct insurance information and to notify our office of changes in your health insurance plan
11. Interest of one and one-half percent (1.5%) per month, eighteen percent (18%) per annum, may be charged on all delinquent accounts over sixty (60) days. If your account is past due and has been turned over to a collection agency, you will be subject to the full amount of the outstanding balance plus any applicable collection agency fees. Collection agency fees can range from 20-30% more than your original balance. Our billing department is more than willing to work out payment arrangements to prevent your account from being forwarded to a collection agency.
12. All returned checks will be subject to a $25.00 fee
13. NO SHOW FEE: Please note that we assess a $50.00 No Show Fee for missed appointments, unless your appointment has been cancelled 24 hours in advance. Our patients' time is very important to us and we feel that arriving on time is an integral part of the physician staying on schedule
14. REFERRAL POLICY: Please obtain the appropriate referral from your primary care physician prior to your visit to avoid the possibility of being rescheduled. In case you do not have appropriate referral, you may choose to accept full responsibility for all charges and fees related to your evaluation and management to be paid at the time of service.