



NOTICE OF PATIENT FINANCIAL RESPONSIBILITY

At the *Diabetes & Glandular Disease Clinic, P.A.*, we are dedicated to providing exceptional medical care and to helping patients understand and manage their medical expenses.

INSURED PATIENTS: We participate with most insurance plans in our service area, including Medicare. If you are insured by a plan we are contracted with but are unable to provide an up-to-date insurance card, payment in full (as estimated by our staff) is required for each visit until we can verify your insurance coverage. Understanding your insurance benefits ***is your responsibility***. Please review your insurance company's guidelines for referrals, co-pays, and deductible amounts specifically for specialist visits. Please contact your insurance company with any questions you may have regarding your coverage.

COPAYMENTS & DEDUCTIBLES: All co-payments and deductibles are to be paid at the time of service. This arrangement is part of your contract with your insurance company and also reduces the administrative costs associated with providing you medical care. As part of our contract with insurance companies, we must collect co-payments and deductibles from patients and they cannot be waived by DGD Clinic, P.A. Please help us keep administrative costs to a minimum by eliminating the need to send statements to you for payments due at the time of service. Patients with a high deductible plan who are unable to pay for services in full must provide partial payment (as estimated by our staff) and settle all remaining financial obligations by establishing a payment plan with our billing department. **All balances are due within 90 days or subject to additional collection efforts.**

DGD Clinic, P.A. will assist you by filing claims in a timely fashion. Please be aware that some of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. Once your claim is processed, you may have a balance due for services rendered and **you are responsible for paying this amount.**

If your insurance changes, please notify us before your next visit so we can verify your plan coverage. If you have any other changes such as address, email, home phone, cell phone, etc., please communicate those to us prior to any scheduled appointment.

SELF-PAY & OUT-OF-NETWORK PATIENTS: If you have no health insurance, we expect payment at the time service is rendered, and have a self-pay policy in place for such instances. If you are not covered by an insurance plan we are contracted with, payment in full (as estimated by our staff) is expected at each visit. We will assist you with filing your claim, but the insurance payment will be made to you; not to DGD Clinic, P.A. as an out of network provider.

CANCELLATIONS: A fee of \$40 will be charged for missed appointments unless you notify us of a cancellation at least 24 hours in advance. Repeated missed or cancelled appointments will result in discharge from the practice. If you have an outstanding balance and have not made arrangements to pay your bill, no new appointments will be scheduled.

Thank you for understanding our payment policy. Our practice is committed to providing the best treatment to our patients. Please let us know if you have any questions or concerns.