Optimum
Internal Medicine & Pediatrics

Financial and General Clinic Policies and Procedures

Payment of Services:

I authorize the release of any medical information necessary to process Insurance claims for my family member's or my medical benefits. I, as myself or as acting guardian of the patient receiving care, authorize and assign any payment of Insurance medical benefits for said care to Optimum Internal Medicine and Pediatrics, its successors and assigns, or any individual it may designate for the services provided. Our office will inform you of the amount due either prior to your visit, on the patient portal, on this kiosk, or when you check out. This includes, but not limited to, Co-Payment, deductibles, etc. this amount is due at the time of service. As a courtesy to you, we will file your insurance claims if you provide us with a copy of your family member's or your current insurance card. I understand that if my family member or I are self-pay, full payment is due at the time of service. I further agree to pay all costs of collection, including attorney's fees, collection agency fees, and any other fees associated with the collection of any amount due for services rendered and performed. I understand that I am financially responsible to Optimum Internal Medicine and Pediatrics, its successors and assigns and any individual it may designate for any balance not covered by insurance. If you are having laboratory and/ or diagnostic services by providers other than Optimum Internal Medicine and Pediatrics, you may be billed separately by the lab or diagnostic facility providing the service.

*A $35.00 service charge will be added on all checks returned to us for insufficient funds.

*$150 service fee will apply to all at home visits for a transportation and convenience fee outside of billing your insurance company for the visit

* $250 service fee will apply to all Urgent same day at home visits for a transportation and convenience fee outside of billing your insurance company for your home visit

**Delinquent accounts will be forwarded to a collection agency if a payment plan has not been established and you are not paying on your balance in a timely manner.

No Call/No Show Policy: Our office asks that you make every scheduled appointment. We, however, understand that missed appointments do occasionally occur. We ask that you call at least 24 hours before your scheduled appointment to cancel. If you are unable to call and cancel and you miss your appointment a $35 charge will be added to your account as a "No Cancellation / No Show Fee."

Forms / Letters: Forms, such as medical letters, employment paperwork, disability paperwork, DMV forms, or any other form or letter being prepared and signed by the physician requires a payment of $40.00 and must be paid before the item can be finalized and faxed, mailed, or picked up in person.

Medical Records: There is no charge (for first copy) if records need to be sent to another doctor/clinic. After the first copy there may be a fee. Medical records less than 40 pages requires a $30 fee after a first copy is obtained and then 25 cents per page for those over page 40. If you would like your medical records saved on a flash drive instead of hard copy there is an additional $10.00 fee for this service.

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After hours phone number: ONLY urgent calls for ill patients should use the After Hours Number. Please do not call the after-hours number for prescription refills that can be completed during office hours. Any abuse of this system will be noted on patient's chart and discussed with the patient at the next appointment. If it becomes an issue, there may be a $15.00 charge for non-urgent calls requiring our physician's time and attention.

Telehealth/Telephone/E-mail/Electronic Provider Clinic and Patient Interactions:

As of this year, Medicare and some commercial insurances cover Advanced Primary Care,Chronic Care Management, Remote Patient Monitoring, Telephone Interactions, Electronic (email/text), and Telemedicine services provided by Optimum Internal Medicine and Pediatrics per event or per calendar month. I understand that Telephone interactions, Telemedicine Interactions, Web based interactions, E-mail or text messaging interactions are now billable services and will be billed to my insurance and myself as per my policy and I will be liable for any co-pays or deductibles related to these encounters. I also understand that my primary care provider, Optimum Internal Medicine and Pediatrics, feel strongly that Advanced Primary Care,Chronic Management and Remote Patient Monitoring are valuable assets to my care and maximizing prevention of negative health outcomes and will provide such services to me if I meet criteria and if I am in need. I understand that as part of these services, I will receive a copy of my care plan or it will be made available to me on my patient portal for access 24/7 to aid me with interactions and coordination of care with other clinics, hospitals, and caregivers. I also understand that I can revoke this agreement at any time in writing (effective at the end of the calendar month) and can choose, instead, to receive these services from another health care provider after the calendar month in which I revoke this agreement. I understand these above services are subject to the usual Medicare and other insurance deductible and co- insurance applied to medical services. My signature also authorizes my primary care provider to electronically communicate my medical information with other treating providers as part of the care coordination involved in these services.

Prescription Refills:

Prescription Refills: If you need a prescription refilled, please call your pharmacy. They will contact our office directly or by computer. We do not refill narcotics or controlled prescriptions after hours or on weekends.

Assignment of Insurance Benefits and Third Party Claims:

If the account is not paid at the time of service, I hereby assign to Optimum Internal Medicine and Pediatrics the proceeds from the following: Medicare medical benefits, TRICARE medical benefits; PIP (personal injury protection); sick benefits; physician benefits; injury benefits; any health or accident benefits of any form relating to the patient, whether insured or self-funded; proceeds of any liability settlement or judgment being paid by a third party; and any other benefits due from my insurance policy. All amounts collected will be applied to the patient's account. I understand that I am responsible for any charges not covered by insurance or other benefits and I agree to pay any fees due in full for services rendered. I further warrant and represent that any insurance or any plan that I assign is valid insurance. In the event a claim for payment submitted by Optimum Internal Medicine and Pediatrics to my insurance carrier or plan administrator is denied, I hereby authorize Optimum Internal Medicine and Pediatrics to

seek an administrative review of the disputed claim in accordance with the applicable provision(s) of my plan or policy. If this review is denied or the insurance company refuses payment for any reason, I understand and accept that I am still responsible and will pay in full for all services rendered.

Patient Photo:

I understand that a facial photo may be taken and a copy of a photo ID obtained at the first visit & periodically thereafter for identification purposes only & it will be part of my medical record and will be subject to all the protection that other personal health information receives.

Property Liability:

I understand that certain unforeseen circumstances may lead to a possible injury on Optimum Internal Medicine & Pediatrics property, including but not limited to, falls, motor vehicle accidents, and other personal injury that are not in the control of Optimum Internal Medicine & Pediatrics. I hereby relinquish all financial or legal liability on the part of Optimum Internal Medicine & Pediatrics for any such event. Electronic Services: As of this year, Medicare and some commercial insurances cover Chronic Care Management, Remote Patient Monitoring, Telephone Interactions, Electronic (email/text), and Telemedicine services provided by my primary care provider per event or per calendar month. I understand that my primary care provider, Optimum Internal Medicine and Pediatrics, will provide such services to me if I meet criteria and if I am in need. I understand that as part of these services, I will receive a copy of my care plan or it will be made available to me on my patient portal for access 24/7 to aid me with interactions and coordination of care with other clinics, hospitals, and caregivers. I also understand that I can revoke this agreement at any time (effective at the end of the calendar month) and can choose, instead, to receive these services from another health care provider after the calendar month in which I revoke this agreement. I understand these above services are subject to the usual Medicare and other insurance deductible and co- insurance applied to medical services. My signature also authorizes my primary care provider to electronically communicate my medical information with other treating providers as part of the care coordination involved in these services.

