



PULMONARY & SLEEP SPECIALISTS, PC FINANCIAL POLICY

If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our financial policy.

- Co-payments for office services are required at the time you register.
- As a courtesy, we will process and file your insurance claims for services at no cost to you.
- Referrals are your responsibility. Failure to provide may result in a reschedule.
- For services that are not covered by insurance, the practice requires payment of 100% of total charges unless payment arrangements have been made.
- Returned checks are subject to a handling fee of \$25.00. In the event your account must be turned over for collection, you will be billed and are responsible for all fees involved in that process.
- **NO SHOW POLICY** – This practice requires a 48-hour cancellation of your appointment. If you fail to give a 48-hour cancellation notice, you will be billed \$50, which must be paid prior to rescheduling your appointment.
- A 48-hour cancellation notice for a sleep study is required or you will be billed \$150 to be paid prior to rescheduling that study.
- **NO SHOW APPOINTMENTS** - If two appointments result in No Shows, you will not be rescheduled a third time.

Please note:

Your insurance is a contract between you and your employer and/or the insurance company. While we may be a provider of services, we are not a party to that contract. We encourage you to contact your insurance carrier personally in order to remain informed of your benefits.

Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services that they will not cover or that they may consider medically unnecessary. In some instances, you will be responsible for these amounts. We will make every effort to ascertain your coverage for our services before treatment and will make you aware of our findings. However, this does not guarantee payment from your insurance carrier.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. We will allow you 30 days to pay any balance remaining after insurance payment. Our staff will arrange for monthly payments over an approved term.

PAYMENT METHODS ACCEPTED: Check, Money Order, Cash, Visa, MasterCard, Discover Card

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