



# HOWARD COUNTY CENTER for LUNG AND SLEEP MEDICINE

## **Patient Financial Responsibility Policy**

Thank you for choosing Howard County Center for Lung & Sleep Medicine, LLC as your health care provider. We are committed to building a successful physician-patient relationship with you and strive to provide quality medical care to all of our patients. To this end, your clear understanding of all our patient policies is important to us. Please read the accompanying handout and make yourself familiar with all our scheduling, financial and privacy policies. Our staff is available to answer any questions you may have.

### **Patient Information**

The patient is expected to present a government-issued photo ID and is requested to provide his/her social security number at time of visit for insurance claims. If a government-issued photo ID and social security number are not provided, the patient has the option to pay for the full service charge on the day of the visit or may be refused service.

### **Co-Pays**

The patient is expected to present proof of insurance at each visit. All co-payments and past due balances are due at time of check-in unless previous arrangements have been made with a billing coordinator. We accept cash, check, or credit cards. Absolutely no post-dated checks will be accepted. Patients with insurance deductibles will be billed after their visit.

### **Insurance Claims**

Your insurance policy represents a contract between you and your insurance company. In most cases, we are NOT a party of this contract. In the event that we participate with your insurance carrier, we will bill your primary insurance company for your visit as a courtesy to you. To do this, we require that you fully disclose your current insurance information including primary and secondary insurance and keep us updated as to any changes in your policy. Patients who fail to provide updated insurance information in a timely manner will be required to pay the full balance accrued on the account. Although we estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay Howard County Center for Lung & Sleep Medicine, LLC. any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance. If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately.

### **Referrals and Pre - Authorizations**

If your insurance company requires a referral and/or pre-authorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower or no payment from the insurance company, and the balance will be your responsibility.

**Self-Pay Accounts** – Please direct all questions or concerns to a billing coordinator.

### **Returned Checks**

The charge for a returned check is \$10 payable by cash or money order. This will be applied to your account in addition to the insufficient funds amount. You may be required to make payments via certified funds (cash, money order) following any returned checks.

**Medical Record Copies** – Please direct all requests or questions to our Medical Records Coordinator at (410) 740 – 3635 x 230.

### **Minors**

The parent(s) or guardian(s) who has signed our policies as the guarantor is responsible for full payment and will receive the billing statements. A signed release to treat may be required for unaccompanied minors.

### **Outstanding Balance Policy**

To avoid an additional finance charge on the balance of your account, pay the total amount due in full within ninety (90) days of the bill date. The rate of finance charges assessed is a monthly periodic rate of 1.5% for a corresponding annual percentage rate of 18%.

It is our office policy that all past due accounts receive two statements in the mail. If payment is not made on this account, a single phone call will be made to try to make payment arrangements and one final notice will be sent. If no resolution is made, the account will be sent to a collection agency and the patient may face a possible discharge from the practice.

If you feel there is an error in your account, you must notify our office in writing within 60 days of the bill date. Your notification must include a description of the error and an explanation of why you believe it is an error; the dollar amount of the suspected error; and any other information you believe may be helpful in resolving this matter. Within 90 days after notifying you that we have received your letter, our office must correct any error found or explain to you why our office believes the bill is correct.

## Scheduling Policy

This is an outline of all scheduling policies for services provided by Howard County Center for Lung & Sleep Medicine, LLC (HCCLSM). It is our hope that this will allow our practice to better utilize available appointment slots for patients in need, and improve on any wait times when you visit our practice.

### APPOINTMENT SCHEDULING

HCCLSM is rarely able to fulfill requests for same day appointments. However, we make every attempt to ensure that you will be seen by a physician as soon as possible, usually within 7-10 business days. Due to longer visit times, new patients and patients that require pulmonary function testing may experience a 10-14 business day wait.

### OFFICE VISIT CANCELLATION / NO SHOW POLICY:

In the event that you must cancel your appointment, we require at minimum of **24 hours** notice prior to the time of your scheduled appointment. If a patient misses an appointment **without** contacting our office, this is considered a missed appointment ("No-Show, No-Call"). A **non-refundable fee of \$50.00** will be charged for all missed appointments and failure to cancel scheduled appointments at least **24 hours** prior to the appointment time. If a patient accumulates a total of three (3) consecutive missed appointments, the patient may not be rescheduled for future appointments and may be asked to leave our practice. For appointments scheduled on Monday, the deadline for cancellation is **12 Noon on the Friday** preceding your Monday appointment.

### SLEEP STUDY CANCELLATION / NO SHOW POLICY:

We require notice by **12 Noon the day before** your scheduled sleep study appointment if you must cancel your sleep study. For sleep studies scheduled for Saturdays, Sundays or Mondays, the deadline is **12 Noon on the Friday preceding your scheduled study**. A **non-refundable fee of \$250.00** will be charged to you for a missed appointment ("No-Show, No-Call") or if you do not notify our office to cancel your appointment in accordance to the guidelines stated in this paragraph.

For appointments and/or sleep studies scheduled around the time of **holidays and office closures**, the deadline will be specifically noted at the time you schedule your appointment.

**Any cancellation/no show fee will be billed to you directly. This non-refundable fee is the responsibility of the patient and will not be covered by your insurance company.** These fees are utilized to cover costs that the practice incurs.

### LATE ARRIVALS

We make every effort to be on time for all our appointments. **Patients arriving more than 15 minutes after their scheduled appointment time may be asked to reschedule.** We apologize for any inconvenience this may cause.

If emergency circumstances occur, causing you to miss your scheduled appointment or sleep study, and you are unable to cancel per our policy stated above, verification of the circumstances may be required in order to waive the fee. If you do not successfully follow through with a rescheduled appointment at a later date then no consideration will be granted to waive the fee.

If you have any questions regarding this policy, please let the staff know and we will be glad to clarify any questions you have.

We thank you for your patronage.

## Medication Refill Policy

### **At Your Visit**

- Please bring a list of all your current medications.
- If you know you are due for a refill, please ask your physician at the time of your appointment.

### **Refill Requests**

- If you do not have any refills remaining on your medications, please notify our office at least three business days before your medication runs out.
- Requests for medication refills require 1-3 business days for a response to the request. We must review your medical records, verify the number of refills, ensure refill eligibility, and receive final authorization from your physician.
- To expedite the request, please ask your pharmacy to send requests with all necessary information to our office.
- If you are requesting a refill by phone, please provide the following information at the time of the request:
  - Your name and date of birth
  - The name of your medication, dosage, and how often you take the medication.
  - The name, number, and fax number for your pharmacy.
- Certain medications follow strict protocols and patients must follow-up in the office, according to discharge instructions, for their medications to be refilled.
- Certain insurance plans and medications also require prior authorization from your insurance company, which may require a longer wait time for your medication to be refilled.
- If you use mail order company, please contact us 10 business days before your medication is due to run out.
- Refills for medications can only be authorized by the physician who originally prescribed the medication to you.
- If a patient has not been evaluated in the office in 1 year, a follow up visit is mandatory to verify medication needs.
- Calls for medication refills will not be accepted outside of regular business hours Mon- Fri: 8am - Noon and 1pm -4pm.

## Medical Records Policy

- In order for medical records to be released to you, family members, or an outside entity, **you** must first sign the Authorization for Use and Disclosure of Protected Health Information form and submit the form to our Medical Records Coordinator. Signed medical releases are valid for the following two years.
- Medical records to another physician's office for continuation of care do not require a signed release.
- The first request for medical records is free of charge. There will be a small fee for any additional copies of medical records.
- Requests for medical records will be processed within 2 weeks from the date the signed request is received by the office.

### **Special Reports and Disability Forms**

- For special reports for attorneys and insurance companies, the procedure is as follows:
  - Please submit a written request outlining all pertinent information that needs to be addressed and a signed release for medical records.
  - Our office will determine the appropriate fees for service charges and submit the charge to the requesting party.
- Disability forms require 5 business days after drop-off to be completed. There may be a longer delay, depending on your physician's schedule.

## Test Results Policy

- After receiving diagnostic imaging services, please ask the imaging facility to fax results to our office and provide the films/CD for you to bring to your next appointment.
- If you undergo laboratory testing or diagnostic imaging on a regular basis and need a signed physician's order, please submit a request to our office 6 business days before you plan to undergo the procedure.
- All test results that are received by our office require 2-3 business days to receive a response from your physician. You will receive a call from a physician or nurse *only* if the test results are *abnormal* and if you need to schedule a follow-up appointment to discuss the results of your test with your physician.
- To ensure you receive the best quality of care, please schedule follow-up appointments in a timely manner, based on your physician's instructions at the time of discharge.