

Pulmonary & Sleep Institute, PLLC Chattanooga

Financial and Office Policies

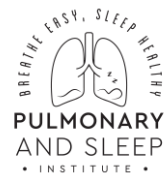
Thank you for choosing Pulmonary and Sleep Institute as your healthcare provider. We are committed to providing our patients with the best available medical care. Our billing department will be available to discuss our fees and policies with you if you have any questions. We ask that all responsible parties read and sign our financial/office policies form before seeing the physician.

(PLEASE INITIAL BESIDE EACH SECTION INDICATING YOUR UNDERSTANDING AND ACCEPTANCE OF OUR POLICIES.)

_____ 1. All co-pays, deductibles, and/or co-insurances are due at the time of service. We do not choose these fees. Your insurance company provides it when we call to verify benefits and/or the terms agreed upon by you (or your employer) and your insurance company. We will collect all co-payments, deductibles, or charges for non-covered services at the time of check-in. If you have a balance on your account, we will ask for that payment in full as well. For your convenience, we accept cash, check, Visa, MasterCard, and Discover.

_____ 2. We verify insurance benefits as a courtesy to our patients. All charges are your responsibility whether your insurance company pays or does not pay. Not all services are covered in your medical plan. Some insurance companies select certain services they will not cover. Please contact your insurance company if you have any questions regarding your healthcare coverage. Pulmonary and Sleep Institute provides services that are medically necessary for the patient in the physician' s professional opinion. If you are unsure if a procedure, immunization, or injection is covered, please call your insurance company before receiving services. You are ultimately responsible for all charges that are not covered under your health care policy.

*Please remember that your insurance is a contract between you (or your employer) and the insurance company. We are not a party to that contract. We cannot guarantee payment of all claims. If your insurance company pays only a portion of a bill or rejects your claim, the policyholder should contact the insurance company for a detailed explanation. Reduction or rejection of any claim by your insurance company does not relieve you of your obligation. If



your insurance company pays us for a claim that you had already paid, and you are due a refund, we will be happy to expedite your refund or credit your account.

_____ 3. Please ensure that all personal and insurance information is correct on each visit. We will only bill the insurance company on file. If a claim is rejected or left outstanding due to incorrect insurance information, you will be responsible for the visit. Please inform the receptionist if your address, phone number, or insurance information has changed (or if you anticipate that it will be changing soon.)

_____ 4. Some insurance companies require a referral from your primary care physician before being seen by PSI. If your appointment requires a referral from your primary care physician, that referral will need to be on file with our office before the next appointment day. If you are seen without a referral form on file and the insurance company does not pay, you will be responsible for all charges.

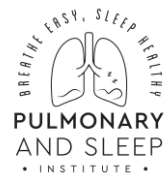
_____ 5. We allow 30 days for payment of any balances that are the responsibility of the patient. If we do not receive full payment in 30 days, a late fee of \$20 will be incurred monthly. We understand that temporary financial problems may affect the timely payments of your balance. We encourage you to communicate any such problems to us, so that we may assist you to keep your account in good standing. Please ask the receptionist for a payment plan, which doesn't have any cost or interest to you.

_____ 6. If your check is returned for insufficient funds, there is a \$50.00 charge in addition to the amount of the check. After one instance of a returned check, all further payments will be required to be in the form of credit card, cash, or money order only.

_____ 7. There is a \$150.00 fee to complete any FMLA, Disability, Extended Work Excuse or any paperwork/forms requiring completion by the provider. Payment is due before the paperwork is completed. Although the paperwork is long, please note that we do our best to complete this paperwork for you in a timely/efficient manner and we ask for your patience. We require 3-5 business days to complete this paperwork.

_____ 8. There is a \$20.00 fee for copies of medical records for 5 pages or less and \$0.50 for each additional page thereafter. Please ask the receptionist for an estimate if you need copies of your records.

_____ 9. Appointments not canceled with a 24-hour notice, same-day cancellation/reschedule



and any “No Show” appointments will be subject to a fee of \$50.00. The patient will not be given a new appointment until the fee is paid. Please note that this fee is not covered by your insurance company. We sincerely hope that we will not need to collect this fee. Rather, it is offered as an incentive to remind all our patients and families to keep their scheduled appointments or, if unable to keep that appointment, to please reschedule more than 24 hours in advance (and we greatly appreciate 48-72 hours advance notice.) When one reschedules their appointment several days ahead of time, it allows other patients the opportunity to be seen sooner, which is often greatly appreciated.

_____ 10. If you are more than 15 minutes late for your appointment and have not called the office to inform us, we will reschedule your appointment.

_____ 11. After 3 “No Show” appointments we reserve the right to terminate the physician/patient relationship. A notification will be sent to the responsible party and the referring physician.

Signature of Patient or Legal Guardian

Print Patient’s Name

Print Name Legal Guardian

Date