



Insurance and Payment Policy

You must provide a valid driver's license or state ID and medical insurance card at every visit.

It is the patient's responsibility to know the coverage provided in their contract with their insurance agency and the frequent changes that occur. Every contract varies; we therefore recommend reviewing your contract or contacting your insurance company to determine your co-pay, deductible, need for referral, covered procedures, covered equipment and if Healthy Sleep MD is in network.

Referrals are requested before the appointment can be scheduled in order to prevent complications with insurance coverage.

Please inform us of any changes in coverage prior to services rendered. If insurance is denied due to a change or termination in the policy, the service will become due and payable by you.

All pre-determined copays and remaining balances must be paid at the time of check in. If the payment is not made at the time of the appointment, the appointment will be canceled.

If your insurance has a deductible, you may be required to pay 50% of the bill amount; we will determine this on the day of the visit. Please note that your insurance contract requires payment of these fees and our insurance contract requires collecting payment per plan agreement. We cannot release or modify financial obligations as set by your insurance provider agreement.

If a patient is choosing to self-pay for their appointment whether due to lack of insurance or not being in network, full payment is due at the time of the visit. Failure to provide payment before the appointment may result in cancellation of the appointment.

Payments accepted include cash, check and credit card (Visa & Mastercard). If electing to use credit card, you may be responsible for a processing fee of up to 3%. If you are unable to provide payment on the date of your scheduled appointment, your appointment will be rescheduled and you may incur a rescheduling fee. Returned checks are subject to a \$35 returned check fee, and you have 7 days to contact the office to arrange another method of payment.

If payment is not received within 30 days from the statement date, we will run the credit card on file for the full amount owed. If your payment is declined, we will contact you to correct the payment method. If our reminder call is not returned within one week, a \$35 declined payment fee will be applied and another statement will be mailed.

The unpaid balance will be subject to a finance charge of 1.5% or \$35 per statement, whichever is greater. If payment is not received by the third billing cycle, Healthy Sleep MD may pursue litigation to collect balances and the patient/guarantor will be responsible for all filing fees, attorney fees and/or

the cost of collections in the event of default. Further delinquency will be subject to collections with an additional 35% handling fee.

If you have any concerns, please contact our billing department.

Assignment and Release

I authorize payment to be made directly to Healthy Sleep MD by my insurance company, and I accept financial responsibility for all services not covered by my insurance. I authorize release of any medical care information requested by my insurance company. My signature below acknowledges that I have read and understand this information.

Credit Card on File Policy

Healthy Sleep MD is committed to making our billing process as simple and easy as possible. We require that all patients provide a credit card on file with our office. We will scan your card with a card reader. It will store your card number in a secure, compliant location in your electronic medical record. For security reasons, only the last four digits will be visible to our staff. Credit cards on file will be used to pay the predetermined copay on the day of your visit, as well as account balances after your insurance processes your claim.

I give Healthy Sleep MD permission to charge my credit card on file for any patient balance due on my account. If I have insurance coverage, my card will be charged my pre-determined copay on the day of my appointment. After my insurance pays their portion, the remaining balance will be added to my account balance and charged to the credit card on file at the end of the next billing cycle.

Medical Records Request Policy

The patient/guarantor reserves the right to obtain medical records. This will require a \$25 fee to be paid before the request can be processed. The request will be processed within 10 business days from the date of payment. Payments accepted are cash and credit card, the latter of which is subject to up to a 3% processing fee.

Form Completion Policy

If you need a form completed, please bring to your office visit. The office charges a \$30 fee to complete any forms requested >24 hours from the time of any clinic appointment. The form will be processed within 72 hours after payment is received.

Cancellation and No-Show Policy

In order to provide high quality and timely care to our patients, there will be a fee for cancellations or rescheduling of appointments. This will allow us to efficiently utilize appointments for patients who need rapid access to medical care.

Should you need to reschedule a clinic appointment, please call our office **no less than 48 hours from the scheduled appointment time.**

If a **clinic appointment** is missed, cancelled or rescheduled < 48 hours of the scheduled time, the patient is responsible for a \$50 fee that will be charged onto the credit card on file. The appointment will not be rescheduled until the fee is paid.

The process to authorize and schedule a sleep study is very complex. If any type of **sleep study appointment (including any in lab testing and at home testing)** is missed, cancelled or rescheduled < 72 hours of the scheduled appointment time, **the patient is responsible for a \$250 fee for each occurrence.** This will be charged on the credit card on file. The study will not be rescheduled until the fee is paid.

Financial Responsibility:

I have read and understand the payment and policies of Healthy Sleep MD and its contractual obligation to my chosen insurance provider. I understand that I am responsible to pay for the services rendered at the time of service. If I do not pay for services rendered, I understand Healthy Sleep MD may pursue collections litigation to collect balances and that I will be responsible for all filing fees, attorney fees and/or the cost of collections in the event of default.

Patient/ Guarantor Name (PRINT)

Patient/ Guarantor Signature

Date

Relationship to patient (please check): Self Other: _____

Witness Signature

Date

Thank you for choosing Healthy Sleep MD, PLLC your health care provider. We are committed to the success of your treatment and care. Payment for services provided is a part of the physician-patient relationship with your doctor. Per the financial policy of the practice, patients and guarantors are responsible for making the necessary payments toward the services they receive. With the changing environment in health care, more responsibility for payment is being placed on the patient in the form of copays, high deductibles and out-of-pocket costs.

Credit/Debit Card Pre-Authorization Form

I authorize Healthy Sleep MD, PLLC to charge my credit card for my visit co-pay and cancellation/ no show/ reschedule fee.

PAYMENT INFORMATION

MasterCard Visa Other

Patient Name: _____

Cardholder name: _____

Cardholder address: _____

City: _____ State: _____ Zip: _____

Credit Card number: _____

Exp date: _____ CVV/CVC/CVC2 code: _____

Cardholder signature: _____ Date: _____