

MARIA M. DOUCET, M.D., A.P.M.C.
FINANCIAL POLICY AGREEMENT AND
CONSENT FOR RELEASE OF INFORMATION

Thank you for choosing Dr Maria Doucet as your healthcare provider. We are committed to providing you with a quality healthcare. Please understand that payment of your bill is essential to the well-being of our practice. The following is our Financial Policy Agreement and Authorization for Release of Information, which we require that you read and sign before any treatment.

All new patients must complete our “Patient Information Sheet” and “Medical History Intake Questionnaire” before seeing the doctor.

General Payment Requirements – Your portion of medical fees are due at the time of service.

We accept cash, checks, and credit cards (Visa or MasterCard). For surgery patients, any pre-operative visit charge and surgery co-payment, based on insurance benefit verification, are due in full at the time of the pre-op visit. If payment in full creates a hardship, ask to speak with the practice manager to discuss other payment options.

For minors, the adult accompanying a minor is responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied, unless there is payment by cash or check at time of service, or insurance coverage has been verified. In such cases, any applicable coinsurance or co-payment must be paid in full. Also, a release must be given in writing to the office staff if the minor is accompanied by anyone other than the parents or legal guardian.

If for some reason your out-of-pocket payment was too much, we will refund the overpayment to you.

Assignment of Benefits and Rights – If you have health and accident insurance coverage, including worker’s compensation benefits, automobile insurance or Medicare, your signature on this document evidences your agreement to irrevocably assign and transfer all right, title and interest in any benefits payable under such programs to Maria M. Doucet, M.D., A.P.M.C. You agree to authorize and direct that any such payments be made directly to Maria M. Doucet, M.D., A.P.M.C. You further agree to irrevocably assign and transfer to Maria M. Doucet, M.D., A.P.M.C. any and all of your rights to pursue administrative appeals of denials of claims for benefits and to assert legal claims or causes of action that may arise against your insurer or health plan for the wrongful denial of claims for benefits. This transfer and assignment shall be for the sole purpose of granting Maria M. Doucet, M.D., A.P.M.C. the independent right of recovery against your insurer or health plan, but shall not be construed as creating an obligation to exercise such rights.

Regarding Insurance – Proof of insurance is required at all visits in an effort to ensure proper filing of your insurance claims. This office will file on your behalf insurance claims for major in-office diagnostic and surgery procedures upon receipt of necessary insurance information. This is a service that we provide, but please remember that you may be ultimately responsible for payment if your insurer or health plan does not pay in full.

Our practice is committed to providing the best treatment possible for our patients and we charge what is usual and customary for our area. You may be responsible for payment of the difference between the insurer’s determination of what we should be paid and our billed charges.

We participate in several managed care plans. If you are enrolled in a managed care plan, you agree to cooperate and comply with all pre-certification or pre-authorization, benefit verification or other requirements.

We make an effort to understand the covered services under your plan. We also comply with insurance company pre-certification and insurance verification, however this does not guarantee payment. If your insurance company denies payment of services provided or does not pay for all services billed, you may be responsible for the balance. We do our best to estimate your portion of the charges. This is an estimate only and we do not guarantee benefits.

Past Due Accounts – Accounts not settled within 30 days will be considered past due. A \$4.00 monthly rebilling fee will be applied until the balance is paid. For accounts not settled within 60 days, a \$4.00 monthly billing fee along with a finance charge of 1.5% per month will be charged. You will be responsible for the original past due balance along with these additional charges.

Collections – Open accounts with no payment activity for 120 days may be automatically placed with our collection agency. If this action becomes necessary, you will be responsible for payment of the original balance plus any billing charges, finance charges, collection fees, and attorney fees and expenses incurred in collecting amounts owed.

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Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

Office Policy for Office Visits – Each visit that a patient has with a physician, either conducted in the office, hospital, emergency room or in surgery, is considered a chargeable service. It is usual, customary and reasonable for the physician to charge for each encounter. Payment is expected at the time of service. Billing your insurance company is considered a courtesy and the patient is responsible for any unpaid balance that the insurance company does not pay. **NO SHOWS**: There is a \$15.00 fee for all no show appointments.

MARIA M. DOUCET, M.D., A.P.M.C.
CONSENT TO RELEASE INFORMATION AND OWNERSHIP DISCLOSURE

I authorize Maria M. Doucet, M.D., A.P.M.C. to release medical information and supporting documentation contained in my medical records maintained in this office to any entity that may be financially responsible for payment of expenses related to my treatment, including my insurer, health plan, Medicare, Medicare carriers, the Health Care Financing Administration and any external professional review organization acting on their behalf, for the purpose of administering benefits under such plans. If my treatment is work-related, I authorize Maria M. Doucet, M.D., A.P.M.C. to release medical information regarding such treatment to my employer and/or its designee. I authorize Maria M. Doucet, M.D., A.P.M.C. to release medical records to the applicable above-listed entities that may require medical record review pursuant to a quality improvement program. I hereby consent to Maria M. Doucet, M.D., A.P.M.C. using any of my protected health information for any treatment, payment, or healthcare operation activity, as described in their Notice of Privacy Practices, a copy of which I acknowledge receiving today.

This authorization specifically includes the release of medical information concerning substance use or abuse, nervous and mental disorders and infectious diseases.

I authorize Maria M. Doucet, M.D., A.P.M.C. to release medical records and reports to any health care provider participating in the care rendered by Maria M. Doucet, M.D., A.P.M.C., including but not limited to referring physicians, hospitals, ambulance services or home health providers. I also authorize any other physician, laboratory, hospital, or other provider to release to Maria M. Doucet, M.D., A.P.M.C. all medical records, reports and X-rays necessary for my care.

I CERTIFY THAT I HAVE READ THE FOREGOING FINANCIAL POLICY AGREEMENT AND CONSENT TO RELEASE INFORMATION AND THAT I UNDERSTAND THE PROVISIONS THEREIN.

Name of Patient (Please print)

Date

Signature of Responsible Party

Witness

Relationship to Patient