

Pulmonary Group of Central Florida, LLC

Financial Policy

Welcome and thank you for choosing our practice! We believe that establishing a written financial policy is mutually beneficial for all parties. If you have any questions regarding our policies, our staff will be happy to assist you.

We participate with most insurance plans. However, each insurance plan has different benefits as well as different financial obligations. Therefore you, as the patient, are responsible for verifying these benefits with your insurance company. We will file your insurance, as a courtesy to you, but you are responsible for any unpaid balances.

Please review the following guidelines:

- **Payment is required at the time of service.** This may include your co-pay, co-insurance, deductible, and any other unpaid balances.
- Be prepared to show your insurance card, prescription card, and photo ID at **each visit**.
- You are required to bring **all medications**, or current list of medications, at **each visit**.
- You may be charged a **\$30 no-show fee** for any missed appointments that are not cancelled/rescheduled with a 24 hour notice. This is the patient's responsibility to pay.
- There is a **\$15 fee** for any prescription refill request outside of your office visit.
- We charge a **\$15 fee**, payable in advance from the patient, for any forms or detailed letters that are completed by our office. We ask that you complete your portion of the form along with stamped envelope and submit those to our office as soon as possible. Please allow up to two weeks for completion of forms.
- There will be a **\$30 NSF fee** for all returned checks.
- **We urge you to keep your account current. If your account becomes delinquent, your account will be referred to an outside agency for collections.** At that point, you will not be able to make an appointment with our office. You will then be responsible for your balance and the 20% collection fee. Please contact our business office with payment arrangements prior to this to keep our account in good standing. Continued non-payment on your account may result in discharge from Pulmonary Group.

Insurance Policies:

- Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your insurance claim for you. If your insurance company does not pay the practice within sixty (60) days from the date-of-service, we may look to you for payment in full. We strongly suggest you monitor your account with us by closely following the balance as it ages beyond 30 days, at which time we recommend calling your insurance carrier and request a "claim status report".
- All health plans are not the same and do not cover the same services. In the event your health plan determines a service to be "not covered", you will be responsible for complete charge. Payment is due upon receipt of statement from our office.
- It is your responsibility to understand your healthcare benefit coverage. If you are unsure of your benefit coverage, we encourage you to contact your health insurance prior to your appointment as ultimately you will be responsible for unpaid balances by your insurance carrier.

We appreciate the opportunity to be involved in your healthcare. If you have any questions regarding your account or need to make payment arrangements, you may contact our business office at (352) 315-1627 ext. 103. We are open Monday – Friday 9:00 am – 4:00 pm.

I have read, understand, and agree to the above financial policy. I understand that charges not covered by my insurance company, as well as applicable co-pays, co-insurance, and deductibles are my responsibility, and I will pay them at each visit. I agree to notify you of any changes in my health insurance coverage.

Patient Signature

Date

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