

FINANCIAL POLICY – Page 1

Patient Name: _____ Date of Birth: _____

BASIC POLICY: Payment for service is due in full at the time service is provided in our office.

FOR PATIENTS WITH INSURANCE: We will bill most insurance carriers for you if proper paperwork is provided to us. We will also bill most secondary insurance companies for you. Copayments and deductibles are due at the time of service. Since your payment with your insurance carrier is a private one, we do not routinely research why an insurance carrier has not paid or why it paid less than anticipated for care. If an insurance carrier has not paid within 60 days of billing, professional fees are due and payable in full from you.

MEDICARE PATIENTS: We will bill Medicare for you. We will also bill secondary insurance carriers for you. All co-payments or deductibles are due and payable at the time service is provided.

MEDICAID PATIENTS: All welfare patients must provide a current, valid Medicaid card or a verifiable Medicaid number before being seen.

PLEASE NOTE: It will be your responsibility to notify our office if your current enrolled Medicaid status has changed or switched over to a care management organization (CMO) type Medicaid which is not accepted at our office.

NONCOVERED SERVICES: Any care not paid for by your existing insurance carrier will require payment in full at the time of service or upon notice of insurance claim denial.

PERSONAL INJURY CASES: This office does not bill for auto accident or other liability or lawsuit-related cases. You are responsible for payment at the time of service. We do not accept liens.

WORKER'S COMPENSATION: If your injury is work related, we will need the case number and carrier name prior to your visit in order to bill the worker's compensation insurance company.

MISSED APPOINTMENT: In fairness to other patients and the doctor, we require at least 24-hour notice to cancel an appointment. You may be charged for missed appointments and after two (2) consecutive "No Show" appointments you may be dismissed from the practice.

Please Check: I have paid my insurance deductible for the calendar year _____

Yes No I do not know

Advanced Internal Medicine
3416 North Buffalo Drive
Las Vegas, Nevada 8929

Ph. 702-982-8700
Fax. 702-982-8282

FINANCIAL POLICY – Page 2

PROPRIETOR GUARANTEE:

By signing this agreement I/We acknowledge that I have personally guaranteed the debts and obligations incurred by the undersigned, and agree that I am personally obligated to preform all of the terms of, and make all payments to (your Practice) required by, the Agreement of which this Application is a part. I/We hereby consent to and authorize all services. I/We hereby agree to inform this office of any changes in my/or address, as it may occur. I/We authorize this office to release any necessary information to third parties, when requested and if we become delinquent and my account is assigned to your Collection Agency associate they hereby are given the right to report same accuracy to all the Credit Bureaus.

AGREEMENT OF FINANCIAL RESPONSIBILITY

I/We agree to pay all collections expenses the Practice may incur in collection of our delinquent balance, plus \$25.00 returned check fee. Collection Fees will be 40% for Regular Collection and 50% for Legal Collection or Forwards, which may be as much as twice the original principal balance owing. Attorney’s fees, court costs, and filing fees will be the patient’s responsibility for the date legal action is filed. Patient is responsible for all charges and commissions that may be assessed by any collection agency retained to pursue this matter. Patient further agrees to pay an interest rate of 2 (two) percent per month, 24 (twenty-four) percent per year from the first date the account has become delinquent.

SIGNATURE OF RESPONSIBLE PARTY	SOCIAL SECURITY NO.	DATE
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H.I.P.A.A COMPLIANCE: Our Office, Staff and Associates are conversant with and abide by the Rates, Regulations and Statues relevant to the protocols of law regarding the Federal Law governing the protection of Individual Consumer/Patient Privacy.

PRIVACY POLICY: We do not share “Non Public Information” with any “Third Parties or Entities”. All information provided shall be kept confidential and be shall treated the same as privileged. Past debts will be reported to the National Credit Bureaus in accordance and compliant with all F.D.C.P.A. and F.C.R.A. Federal Statues.

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