Miami Obstetrics Gynecology

Financial Responsibility Agreement

Please read carefully

Your medical insurance is a contract between you and your insurance company. We are **NOT** a party in this contract. We will bill your primary insurance company as a courtesy to you. It is your responsibility to make sure you understand the contract between you and our insurance company, and to know your benefits for the policy. **THIS IS NOT OUR RESPONSIBILTY.**
Su seguro médico es un contrato entre la compañía médica y Ud. Nosotros no somos parte de ese contrato. Nosotros le mandaremos la cuenta a su seguro médico. Es su responsabilidad entenderlo, y saber los beneficios que tiene su póliza. ***ESTO NO ES NUESTRA RESPONSABILIDAD***

If your insurance has a limit to the number of visits you are authorized, YOU ARE RESPONSIBLE FOR TRACKING THE NUMBER OF VISITS YOU HAVE REMAINING. Failure to obtain a referral (if needed) may result in lower payment from the insurance company, and you may be responsible for a higher portion of our fee.
Si su seguro tiene un límite de número de visitas que autoriza, UD. ES RESONSABLE DE LLEVAR LA CUENTA DE CUANTAS VISITAS LE QUEDAN. Si la visita es negada por falta de un referido, Ud. Podría llegar a recibir una cuenta.

I understand that:
Yo entiendo que:

- **Fees for services** will be filed with my insurance company on my behalf as a courtesy provided by Miami Obstetrics and Gynecology, and I'm responsible for any service not paid by my carrier in a reasonable time period (60 days). The office will do its best to inform me of any services that will not or may not be covered. However, I understand the benefits are not determined by my insurance carrier until after the claim is submitted; therefore, there is no guarantee of payment by my insurance carrier. *Los servicios serán reportados al seguro médico, yo soy responsable de pagar cualquier servicio que el seguro no cubra, La oficina hará lo posible por informarme de servicios que no estén cubiertos o que puedan no estar cubiertos. Sin embargo; yo entiendo que los beneficios los determina el seguro al procesar la cuenta y que esta previa determinación no garantiza un pago por parte del seguro.*

- Any **Lab**, culture or specimen collected in the office will be sent to the appropriate lab and they will process the sample and bill your insurance for the claim. *Cualquier laboratorio, cultivo o espécimen colectado en la oficina será mandado al laboratorio que este contratado con su seguro, y el laboratorio le mandará la cuenta a su seguro.*

- I'm responsible for notifying the office of any **changes in my insurance** status, mailing address or phone number. Failure to do so may result in a bill. *Yo soy responsable de informarle a la oficina de cualquier cambio de seguro, dirección o teléfono. El no hacerlo puede resultar en una cuenta.*

Initials: _____

ADRIAN DEL BOCA, M.D.* ENRIQUE VAZQUEZ-VERA, M.D.* JOSE BESTARD, M.D.
*JESSICA ALVAREZ, M.D.*DANIEL BOLET, M.D

Miami Obstetrics Gynecology

- I agree, whether I sign as parent, spouse, guarantor, guardian or patient, that in consideration of the services to be rendered to the patient, I hereby individually obligate myself to pay the account. Should I default on the account and it is referred to an attorney for collection, I authorize the attorney to obtain my credit report; and the undersigned shall pay reasonable attorney's fees and collection expenses. Interest shall be charged beginning 45 days after patient financial responsibility is determined and will accrue at the rate of 1.5% monthly. *Yo acepto, ya sea que firme como padre, esposo/a, fiador, guardián o paciente, que en consideración de los servicios que se prestarán al paciente, me comprometo individualmente a pagar la cuenta. Si incumplo en la cuenta y se envía a un abogado para su cobro, autorizo al abogado a obtener mi informe de crédito; y el abajo firmante pagará honorarios razonables de abogados y costos de colección. Los intereses se cobrarán a partir de los 45 días posteriores a la determinación de la responsabilidad financiera del paciente y se acumularán a razón del 1.5% mensual.*

- The office is restricted to a "timely filing period". I understand that I must supply the office with my health insurance card in a timely fashion, so that the claim can be paid. Any Claim unpaid because I did not supply the office with my health insurance information in a timely fashion is my responsibility and I agree to make payment. *La oficina está restringida por un "tiempo de someter la cuenta". Yo entiendo que debo proveer mi información del seguro en un tiempo razonable para que la cuenta sea pagada. Cualquier cuenta que no sea pagada por este motivo, yo me comprometo a cubrir los gastos.*

- Please be advised that the preventive visit billed to your insurance only includes the performance of the pap smear, the breast and pelvic check, along with any birth control counseling. Any further counseling not related to annual visit will be billed as a separate office visit to your insurance company and may incur in copays or deductible. *Por favor tenga en cuenta que la visita anual inlcuye hacer el papanicolau, el examen de mamas y pelvico. Cualquier otra consulta no relacionada al anual sera cobrada a su Seguro por separado y podra ser responsible de co-pago, co-seguro o deducible.*

Internal Fees- Cargos Internos

There will be a minimum charge of $50.00 for all returned checks or placed in stop payment. In that case, replacement checks will NOT be accepted. We will accept payments in cash, Visa, Maser Card, or American Express.
Va a haber una multa de mínimo $50.00 por cheques que sean devueltos. En ese caso, cheques ya no serán aceptados. Se aceptaran los pagos con efectivo, o tarjeta.

Blood drawing fees- Cargo por sacar sangre

We offer to draw your blood here in the office for an administrative charge of $20 for GYN patients and $50 for OB patients; any medication injections are $15. You can always opt out of this service and a requisition will be given to go directly to the lab.

Initials: _____

ADRIAN DEL BOCA, M.D.* ENRIQUE VAZQUEZ-VERA, M.D.* JOSE BESTARD, M.D.
*JESSICA ALVAREZ, M.D.*DANIEL BOLET, M.D

Miami Obstetrics Gynecology

Nosotros ofrecemos sacarle la sangre aquí en la oficia por un cargo administrativo de $20 para pacientes ginecológicos y $50 para pacientes obstetras; cualquier medicamento que deba ser inyectado serán $15. Ud. Tiene siempre la opción de no usar este servicio e ir directamente al laboratorio.

Medical Forms, Certifications, and FMLA forms- Formularios Medicos, FMLA

Due to our high volume of our patient's personal requests, the preparation of this document can take up to 10 business days. Please allow time for the office to complete them. There will be a minimum charge of $25.00 for a "rush fee" preparation.
Debido a nuestro alto volumen de pacientes, la preparación de estos documentos puede tomar hasta 10 días. Por favor denos el tiempo necesario para llenarlos. Habrá un cargo de $25 por formularios que deban ser llenados el mismo día.

Malpractice Statement

We have elected not to carry Medical Malpractice insurance or otherwise demonstrate financial responsibility. However, we agree to satisfy any adverse judgments up to the minimum amounts pursuant to S.458.320 (5) (g).Florida Law imposes penalties against non-insured physicians who fail to satisfy adverse judgments arising from claims of medical malpractice. This notice is pursuant to Florida Law. *Nuestros doctores han decidido no tener seguro de negligencia médica. Esto está permitido bajo la ley de la Florida, sujeta a ciertas condiciones. La ley de Florida establece sanciones contra los médicos no asegurados que no cumplan las sentencias adversas derivadas de reclamaciones por negligencia médica. Este aviso se proporciona de conformidad con las leyes de Florida.*

Notice of Privacy Practices

Physicians have always protected the confidentiality of health information and have refused to reveal such information. Today, state, and federal laws are also attempting to ensure the confidentiality of this sensitive information. The federal government recently published regulations designed to protect the privacy of your health information. This "privacy rule" protects health information that is maintained by physicians, hospitals and other health care providers and plans. The new regulation, effective April 14, 2003, protects virtually all patients, regardless of where they live or where they receive their health care. Every time you see a physician, are admitted to a hospital, fill a prescription, or send a claim to a health plan, those professionals will need to consider the privacy rule. All health information, including paper records, oral communication, and electronic formats (such as E-mail and electronic claim filing) are protected by the privacy rule. The Notice of Privacy Practices, which is available in our waiting room, contains information about how your confidential health information is protected by this office and describes how you can exercise your rights about your health information. The privacy rule provides you certain rights, such as the right to have access to your medical records; however, because there are exceptions to these rights, they are not absolute. We encourage you to read the Notice of Privacy Practices as your signed consent is required. Please let us know if you have any questions about the Notice of Privacy Practices. To contact our Privacy Officer, call 305-270-2331.

Miami
Obstetrics Gynecology

Entiendo que bajo el Health Insurance Portability and Accountability Act (HIPAA), tengo ciertos derechos a la privacidad con respecto a mi información de salud protegida. Doy permiso a Miami Obstetrics & Gynecology de usar mi información de salud para las actividades permitidas bajo esta ley. También entiendo que esta práctica tiene el derecho de cambiar su aviso de prácticas de privacidad y que puedo contactar con la práctica al teléfono (305) 270-2331 en cualquier momento para obtener una copia actual de la notificación de prácticas de privacidad.

Consent for Treatment

Effective July 1, 2020 Per Florida Senate Bill 698 we are now required to obtain your consent for pelvic examinations. I hereby consent to the provision of care, diagnosis and/or treatment and/or a medically indicated examination including but not limited to a pelvic and digital rectal exam by the physicians of Miami Obstetrics & Gynecology Center.

Effectivo Julio 1, 2020 For la ley del Senado 698, ahora estamos requeridos a obtener su consentimiento para examines pelvicos. Yo autorizo a la examinacion medica, que inlcuye pero no se limita al examen pelvico con el fin de diagnosticar y tratar ciertas condiciones medicas.

ACKNOWLEDGMENT

I have read and understand the financial responsibility agreement. I have read and understand the Physician's release and assignment. I have read and understand the Malpractice Statement. I have read and understand the Notice of Privacy Practices. I have read and understand the Consent for Treatment I hereby acknowledge that such consents will remain in effect until I cancel such consent in writing.

Patients Name: _____
Nombre del Paciente

Patient Signature: _____ **Date:** _____
Firma del Paciente ***Fecha***

Miami
Obstetrics Gynecology

CONTACT INFORMATION

Patient Name:_____
Nombre del paciente

I understand that my physicians and their staff will make all reasonable attempts to contact me regarding test and diagnostic study results. There may be occasions where you, the patient have not heard from the office regarding your results. **DO NOT ASSUME THE RESULTS ARE NEGATIVE.** Please contact our office if you have not heard from us within two weeks of your office appointment to obtain such results.

Entiendo que mi doctor y la oficina harán todos los intentos responsables para contactarme sobre mis estudios y tratamientos. Puede que haya ocasiones donde Ud., la paciente no haya escuchado de nosotros sobre sus resultados. ***NO ASUMA QUE LOS RESULTADOS ESTAN NEGATIVOS****. Por favor contacte a nuestra oficina si no ha escuchado de nosotros dos semanas después de su cita.*

All calls regarding your care, test results and appointments will be made to the number(s) designated below. *Todas las llamadas referentes a sus citas y resultados serán hechas a los números designados aquí:*

1. _____ 2._____

If you cannot be reached at the number designated, please indicate an alternative number or alternative method of communication such as email below:
Si no la podemos contactar a los números designados anteriormente por favor indique otro número alterno o un correo electrónico:

Email: _____
Correo electronico

_____ I hereby authorize this practice to contact me by phone and if I am not available, they **MAY** leave a message on my answering machine. *Yo autorizo a esta oficina llamarme por telefono y si no estoy disponible,* ***PUEDEN*** *dejar un mensaje en el correo de voz.*

_____ I prefer this practice **NOT** leave a message if I am not available. *Yo prefiero que la oficina* ***NO*** *deje mensaje si no estoy disponible.*

ADRIAN DEL BOCA, M.D.* ENRIQUE VAZQUEZ-VERA, M.D.* JOSE BESTARD, M.D.
*JESSICA ALVAREZ, M.D.*DANIEL BOLET, M.D

Miami
Obstetrics Gynecology

Patient Name: _____

The following people, other than a duly designated guardian or conservator, are authorized to discuss my medical condition and/or billing information with a healthcare professional at this practice.
Las siguientes personas, aparte de un guardián debidamente delegado, están autorizadas a discutir mi condición médica y/o información financiera con un profesional en esta oficina.

_____	_____	_____
Name *Nombre*	Relationship *Relacion*	Phone number *Numero Telefonico*

PHARMACY INFORMATION- FARMACIA

I would like my prescriptions to be called directly to this pharmacy unless otherwise instructed by me. *Me gustaría que todas mis prescripciones sean llamadas a esta farmacia a menos que yo instruya lo contrario.*

Pharmacy Name- *Nombre de la Farmacia* :_____

Address- *Direccion*: _____

Phone number- *Numero Telefonico*: _____

_____ _____
Patient's Signature- *Firma del Paciente* Date- *Fecha*

ADRIAN DEL BOCA, M.D.* ENRIQUE VAZQUEZ-VERA, M.D.* JOSE BESTARD, M.D.
*JESSICA ALVAREZ, M.D.*DANIEL BOLET, M.D