

OFFICE POLICIES AND PATIENT FINANCIAL RESPONSIBILITY

Thank you for choosing MY ENDO HEALTH. We are pleased to participate in your health care and look forward to establishing a lasting relationship. As part of this relationship, we have outlined our expectations.

INSURANCE:

- Because of the increase of new plans with each insurance; when you request your appointment, you are required to provide the exact information show on both your insurance card and ID, in order to verify that we are currently **IN-NETWORK** with your Insurance and your Plan. Please send a picture of your Insurance Cards and ID to info@myendo-health.com
- At the time of service, you must present your Insurance Card and ID to verify the information is updated in our system.
- It is your responsibility to contact your insurance regarding your coverage, policy provisions, exclusions and limitations, as well as the authorization requirements (Primary Physician).
- Patients without insurance (or inactive insurance) are considered payments on their own and must pay in full at the time of service. Our self-pay rates are very reasonable and less expensive than the community average.
- If your plan has a new group number, we must have the information to process your claims correctly.

IDENTITY VERIFICATION:

- As part of the Identity verification, we will request your ID and your Medical Insurance Card.
- If there is any difference with your ID, you have to contact your insurance carrier to update it. Once the information is corrected we will proceed with your appointment.
- If your last name is in the process of being changed. We will verify your name, last 4 digits of your Social Security and Date of Birth.
- If you don't have SSN, you must provide a legal verifiable documentation of any name change to save to the file (like a marriage certificate if the name change is due to marriage).

CO-PAYS, DEDUCTIBLES & BALANCES:

- *As a courtesy to you*, we contact your insurance company to verify your benefits, and also bill your insurance for services.
- Any amounts given to us by the time of your service are only quotes and not a guarantee of payment. This estimate amount (copay, deductible or co-insurance) is due at the time of the service, until the insurance determines what the exact amount will be.
- Supplemental Coverage: We verify coverage with the primary insurance only, which must be in network. We collect any responsibility based on the primary insurance. The claim is sent for the service rendered to both the primary and any secondary insurances. Coordination of benefits must be up to date with your insurance carrier per their policy.
- If after processing the claim, your insurance determine a different amount, ultimately, you will be responsible for the payment of any treatment and / or any additional charge. If the account reflects any overpayment, the amount will be credited to the next follow up appointment. Unless, you contact the office to request a refund by check before your next visit. For patients with no follow visits, refunds are processed manually every 6 months.
- The deductible is determined by the contract with your insurance carrier.
- If your insurance coverage terminates for any reason, you are responsible for the total claim amount.
- Any pending balance should be paid at the time of service. If you have a financial concern, please notify our office and we will try to assist with a payment plan option.
- Rendered service: All payments made for healthcare treatment rendered to the patient are non-refundable.

REFERRALS:

- Please be aware you are responsible to provide any referral or prior authorization from your primary care doctor. If you are not able to get the referral on time, we will need to reschedule your appointment.
- If your plan requires authorizations for treatment, new authorization will be needed if and when your plan changes.
- If the referral is rejected by your insurance, you are responsible for the payment of the medical visit and you have to verify the reason with the insurance and with the office that provided the referral.

MEDICARE PATIENTS:

- If you have Medicare and do not have secondary coverage, you will be expected to pay your portion of the cost of your treatment at the time of service. (Deductible or Co-Insurance when applicable)
- If you have Medicare and Secondary Insurance coverage, we will wait until all secondary insurers have paid on your claim before we bill you for the remaining balance.

BILLING & STATEMENTS:

- Patient statements are mailed out monthly. You are responsible for making a payment or arranging a payment plan with our office, and failure to pay will result in additional late fees and ultimately collection actions being implemented to collect the debt.

ADMINISTRATIVE FEES:

- Returned checks are subject to a \$35 charge. We will accept payment only by cash or credit card until the balance is cleared.
- Completing forms or creating a letter on your behalf fee is \$15. (Patient Assistance Program Application, Disability form, etc) Most forms require 5 to 7 business days to research your information and complete forms. Please note that Dr. Fiore can only complete forms pertaining to an endocrine concern, any other forms should be addressed to your primary care.
- Medical records fees: Processing time for retrieving medical records is a courtesy from our office.

Sending by email or by fax has no cost to you. When picking up from office in a printed format we charge \$1.00 per page for the first 25 pages and .25 cents for every additional page for overhead associated for printing records. (Florida Rule 64B8-10.003)

MEDICATION REFILLS:

- If you have not been seen in the office for over 6 months, please schedule an appointment and we will only provide refills until your scheduled appointment.
- We cannot be responsible for any interruptions in medications for patients whom have not been seen in the office over a year.
- We have 72 hours response for medication refill request with no call backs.

PHARMACY COVERAGE:

- The greatest challenge to our practice is to be able to prescribe medications that are covered under your insurance plan.
- Please take note that Dr. Fiore will first submit the medication that he feels is the most appropriate for your condition.
- In the event that your insurance does not cover what Dr. Fiore has prescribed, we will try our best to find a substitute.
- Please do understand that a prior authorization for a medication is not a phone call away as some insurers imply, but requires medical notes, multiple forms to be faxed, and much more.
- If it's a simple change and we can find an alternative equivalent medication, we will make the changes.
- If we do need to appeal for a prior authorization which will require a written explanation and prolonged time on phone and faxing, please allow at least a 2 to 4 weeks before you expect to hear from us as the insurance responses are often by mail.

LABS ORDERS:

- The Doctor will provide you a printed order for the laboratory or we will send it out to your email. It will not be sent directly to the laboratory. Please remember to take a printed version with you to the laboratory of your choice.

LABS RESULT:

- Results are not evaluated or communicated by mid-level staff, because a normal result does not promise health and abnormal result does not mean you are sick.
- Only the Doctor will review, interpret and draw a conclusion of results of labs and/ or imaging he has prescribed on a follow up visit .
- My Endo Health will not accept financial responsibility for any test submitted to the laboratory, if your insurance company company does not cover the submitted claim, you will be responsible for payment to the laboratory.

OFFICE COMMUNICATION

- We will gladly address your requests or inquiries to our office. Please remember our patient care center can only follow up on non-emergency requests. Telephone calls, texts or emails received will be answered in the order in which they were received in the next 24-48 hours.

LATE CANCELLATION, NO CONFIRMATION, NO SHOW POLICY.

We understand that situations arise in which you must cancel your appointment. It is therefore your responsibility to cancel your appointment. You need to provide a notice, the latest 2 business days prior to the visit. The Doctor reserved his time for you that day. Each time a patient misses an appointment, another patient is prevented from receiving care. **Therefore, if no confirmation; MY ENDO HEALTH reserves the right to cancel your appointment by 2:00pm the day prior to your visit. If there is a same-day cancellation or a 'no-show' after confirmation, a fee of \$40 will apply for office visits and \$70 for ultrasound visits.**

Thank you for your understanding and cooperation as we strive to best serve the needs of all of our patients.