



RELEASE OF INFORMATION/FINANCIAL POLICY

Thank you for choosing AccelCare as your health care provider. The following is a statement of our Release of Information/Financial Policy which we require you read and sign prior to any treatment. All patients must complete and sign our Patient Registration Form.

RELEASE OF INFORMATION/MEDICAL RECORDS:

By signing this form, you authorize AccelCare or his/her designee(s) to release and disclose such medical records, information, and documentation as may be necessary or appropriate in order to process insurance claims and to obtain payment on your behalf. You also authorize the release of information acquired in the course of your examination or treatment and all information pertaining to your history and progress in your case. This includes alcohol or drug abuse data that may be protected by Federal Regulation—42CFR Part 2. You agree that a photocopy of your original authorization shall be considered equally authentic.

REGARDING INSURANCE:

We cannot bill your insurance company unless you provide us with your insurance information, and any special claim forms required by your insurance company. We accept assignment of insurance benefits. That means your insurance will pay us directly the amount due based upon your benefit coverage. By signing this form, you authorize assignment of your benefits to AccelCare for treatment and related services. However, we do require payment of co-pays, co-insurance and deductibles at the time of service. **Your insurance policy is a contract between you and your insurance company. Please know your benefits. Only your insurance company can tell you if the services provided are covered under your benefit plan.**

While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. In the event that your account is turned over to an outside collection agency, you will be responsible for additional 30% of the balance owed and/or all the attorney fees and costs incurred to collect the unpaid debt.

Those Insurance Plans for which we are a participating provider.

All co-pays and deductibles are due at time of service. Prior to seeking any further payment from you, we will work with those plans to obtain payment. In the event that your insurance coverage changes to a plan for which we are not a participating provider, refer to the paragraph below. You may contact our office at any time to obtain a list of plans that we participate with.

Those Insurance Plans in which we are NOT a participating provider.

If we are not a participating provider with your insurance plan (e.g. Medicaid) then you are responsible for full payment at the time of service. We ask for payment on the date of service. We will provide you with a "super bill" which is a receipt outlining all services rendered. You may then submit the "super bill" to your insurance company to be reimbursed for today's visit. We do not participate with Medicaid. Therefore, services rendered will be considered private pay and you will be responsible for this visit. This includes any secondary or tertiary balances.

WE ACCEPT PAYMENT IN THE FORM OF CASH, PERSONAL CHECK, VISA, MASTERCARD, AMERICAN EXPRESS AND DISCOVER.

USUAL AND CUSTOMARY RATES:

Our practice is committed to providing the best treatment for our patients. We charge what is usual and customary for our area. The Federal Government Agency that administers the Medicare and Medicaid programs, has determined that except for certain circumstances, the discounting or waiving of a patient's co-pay or deductible is unlawful. Additionally, under the new HIPAA regulation, we are now not allowed to discount or waive patient's co-pays or deductibles as outlined by benefit plans offered by other third party payers. You are responsible for payment unless we are a participating provider for your insurance company. We will only grant a discount for prompt payment of services excluding co-pays. A prompt payment is payable at time of service.

REFUNDS:

Due to the nature of our long-term relationships with our patients, we will issue refunds on a monthly basis, unless a specific request is made. Credit balances for one date of service will be applied to other dates of services with balances prior to refunds being issued.

DURABLE MEDICAL EQUIPMENT (DME):

AccelCare is a participating provider in Medicare's Part B program as well as Medicare's DME program. If you are a patient who is covered by Medicare, you are required to obtain durable medical equipment (i.e. splints etc.) from a participating provider or be willing to cover the cost when using a non-participating Medicare DME program provider.

I have read the Release of Information/Financial Policy. I understand and agree to this policy.

PRINT PATIENT NAME: _____

X _____ Date: _____

Signature of patient or Responsible party