

ENDOCRINOLOGY AND DIABETES ASSOCIATES, L.L.C.

Practice Policies and Consent

Financial Arrangements/Insurance Contract

We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

Payment for services is due at the time services are rendered unless payment arrangements have been approved in advance by our staff. We accept cash, checks, MasterCard, Visa, and Discover credit cards. We will be happy to file your insurance claim. Any such request must be accompanied by a current insurance card and all billing information needed to process your claim. Changes in insurance data or billing information such as changes in address, marital status, or place of employment should be directed to our insurance clerks. In some instances, we will accept assignment of insurance benefits. Please contact your insurance company to see if we are an in-network provider.

However, you must realize:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most insurance companies and therefore are covered to the maximum allowance determined by each carrier.
3. Not all services are covered by all insurance contracts.
4. We may need to release medical information concerning you to your insurance carrier as part of the processing of your claim. By signing this form, you consent to the release of such information for the limited purpose.
5. If a referral is required by your insurance company, it is the responsibility of you, the patient, to obtain the referral.
6. Failure to meet your financial responsibilities may result in one of the following:
 - Discharge from our practice
 - Patient may be required to make full payment on account before continued treatment.
 - Patient may be required to sign a payment arrangement to resolve any outstanding balance.

We must emphasize that as medical care providers, our relationship is with you and not your insurance company. 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. **All co-pays are due at the time of service.** There will be a \$25 fee for returned checks.

Accounts over 120 days past due will be turned over to a collection agency for collection unless payment arrangements have been made with this office. Your future status with this office will be considered at such time.

By signing this form, you agree in the event of default or nonpayment, you are responsible for all costs of collection including, but not limited to, collection agency fees, court costs, and reasonable attorney fees.

Prescription Refill Policy/Fees

In an effort to free our phone and fax lines for more urgent medical matters, we request that all patients do the following:

1. Obtain all needed prescription refills at the time of your visit. Make sure you have enough refills to last until your next visit.
2. Bring all applications and forms that the physician needs to sign with you at the time of your appointment. This includes Medicare forms for Diabetic testing supplies & pump supplies.
3. We require a **prepaid \$10 PER prescription fee** for refills obtained between office visits. Requests for refills must come directly from the patient. There will be no charge for prescriptions re-written as a result of an adverse side effect, abnormal lab value, or physician or staff error. A minimum of 48 hours should be expected for prescriptions to be faxed or phoned.
4. A **prepaid fee of \$10** will be charged for completing all requests for diabetic supplies, diabetic shoes, drivers license applications or any other forms between your office visits.
5. A **prepaid fee of \$10** is required for all letters requested by the patient between office visits.
6. There will be NO CHARGE for prescriptions and/or completion of forms AT THE TIME of the office visit.
7. We DO NOT accept prescription refills and/or diabetic testing supply requests from pharmacies. They will be discarded.

Lab/Test Results

Please allow 7-10 days for lab and/or test results. If you use a LabCorp or Huntsville Hospital facility, once your labs are reviewed by your provider, you may access those lab results online through your patient portal by logging into our website @ www.edahsv.com/.

CONSENT:

I HAVE READ AND UNDERSTAND THE PRACTICE'S POLICIES. I UNDERSTAND THAT THESE POLICIES MAY BE AMENDED BY THE PRACTICE FROM TIME TO TIME. MY SIGNATURE SIGNIFIES THAT I HAVE REVIEWED THE PRACTICE'S PRIVACY STATEMENT, AND I HEREBY AGREE TO BE BOUND BY THE PRACTICE'S FINANCIAL POLICIES. THIS CONSENT SHALL REMAIN IN EFFECT UNTIL I CHOOSE TO REVOKE IT IN WRITING.

Signature: _____ Date: _____

Printed Name: _____