

# Patient Financial Responsibilities and Policies

*Effective January 1, 2010*

Updated March 10, 2010

Thank you for choosing AgeLess, LLC Integrative Medical Spa & Michael Cilip, MD for your medical needs. The following patient financial responsibilities and policies have been established to assist us providing the highest quality medical care.

**Insurance:** It is your responsibility to know and understand your coverage and benefits. As a courtesy, we will file your insurance forms from our office. Please make sure your insurance and demographic information is kept up to date with our office. This includes any change of information such as address, phone numbers, and insurance changes. If the patient is not the policy holder on the insurance, we require the policy holder's full name, date of birth, social security number and relationship to the patient to file all claims. Patients are responsible for all fees that are not covered by insurance, including co-payments, coinsurance, deductibles and non-covered services or items received.

**At every visit, please make sure you have all insurance card(s) and photo identification as well as any other forms that may assist us in processing your claims correctly.**

**No Insurance:** If you are not covered by insurance at the time of service, or it is not indicated by CareVault® Insurance Verification that insurance is up-to-date, payment is due at time of service. Cash, credit card, personal check, or CareCredit® are accepted.

**Co-Payment:** Co-payment is due at time of service. Failure to pay co-payment may result in the need to reschedule your appointment. Any co-pays that are billed will also incur a ten dollar (\$10.00) billing fee.

**Returned Check:** There will be a twenty five dollar (\$25.00) charge assessed for any check returned by your bank for any reason.

**Collections:** Accounts that are not paid within one hundred and twenty (120) days from the date of service may be sent to a collections agency. If acceptable terms cannot be reached to satisfy the past due balance, the patient may be dismissed from our practice.

**Medical Records:** We will provide you a copy of your medical records upon request for a fee of ten cents per page (\$.10/page). You will be required to sign a medical record release form and pay the medical record fee in full prior to having your medical records copied. Your account must be in good standing with a zero balance prior to any records being copied. Please allow up to one (1) week for this request to be processed. Please see the Authorization to Release Healthcare Information for more information regarding records.

**Refunds:** If you have a credit on your account, we will gladly refund the amount within thirty (30) days of your request. You must provide a correct mailing address for your refund to be sent.

## Patient Acknowledgement:

I, \_\_\_\_\_ (print name) have read and agree to the **Patient Financial Responsibilities and Policies**. I agree to pay at the time of service. I also understand that AgeLess, LLC Integrative Medical Spa & Michael Cilip, MD reserve the right to dismiss patients that fail to keep their accounts current after reasonable attempts to collect payments have been made. I further agree to pay all reasonable costs and late fees should my account be turned over to collections.

**Patient's or Responsible Party's Signature**

**Date**

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