

Welcome to Geemson Oo, MD PLLC. In order for our medical staff to be able to deliver the quality of care that you are accustomed to, we have established our financial policies. The following is a list of guidelines that are necessary in order to continue to provide high quality care and make your visit as pleasant as possible.

**PLEASE READ ALL INFORMATION AND ACKNOWLEDGE BY SIGNING BELOW.**

1. I authorize the release of my medical information necessary to process any submitted claim by the office of Medical Staff at Geemson Oo, MD PLLC. I also authorize payment of medical benefits to the above named physician for services provided to me.
2. We ask that you present your insurance card at each visit. It is your responsibility to provide us with the correct information to bill your insurance.
3. If you have a change of address, telephone numbers, or employer, please notify the receptionist.
4. We will collect your deductible, co-payment, or charge for non-covered services at the time of your visit. If you have a balance after an insurance payment from a previous service, we will also ask for that payment. We accept cash, checks or credit cards.
5. If your insurance denies our charges, or your account becomes delinquent we reserve the right to refer your account to a collection agency and be reported to the credit bureau. Patients with an outstanding balance of 120 days overdue must make arrangements for payment prior to scheduling appointments. These accounts may be turned over to a collection agency unless prior arrangements are made with our billing service. Patients will be responsible for legal/collection fees.
6. **MEDICARE PATIENTS:** We are participating providers with Medicare and will bill Medicare for all your covered charges. Each year you will be expected to pay the allowed amount of your charges until your Medicare deductible is met.
7. **SELF-PAY PATIENTS:** Patients with no insurance will be expected to pay at the time of service. If you will not be able to pay in full; you must contact our billing department prior to seeing the doctor and/or Nurse Practitioner to make payment arrangements. Minimal payment to be made at time of service is, **\$120 for New Patients** and **\$50 for follow up** appointment. The balance will be billed after the provider has billed for the services rendered that day.
8. **Completion of forms: \$10.00 per form 1-2 pages.** Forms that are **more than 2 pages will be \$20.00** to be completed. Payment is due prior to the form being completed.
9. **Copy of Medical Records: .75 cents per page** due prior to medical records being processed and sent.
10. **Cancelations:** Patients are required to notify our office at least 24 hours in advance if you need to reschedule or cancel an appointment. We will charge a fee for any patient who skips an appointment without calling in advance. This no-show fee is **\$40.00**. If there are reoccurring no show appointments the account will be review and may be discharged from the practice for non-compliance.
11. Your insurance is a contract between you, your employer and the insurance company. It is the patient's responsibility to be aware of their insurance coverage, policy provisions, authorization requirements, as well as network providers if applicable. We cannot guarantee payment of all claims. If your insurance company pays only a portion of the bill or rejects your claim, any contact or explanations should be made to you, their policy holder. Reduction or rejection of your claim by your insurance does not relieve you of your financial obligation. We participate with many insurance companies. Due to relationships between insurers, third party administrators and "umbrella" networks, patients are strongly advised to contact their insurance carrier for participating provider information. We bill non-participating insurance companies as a courtesy to you. If we have not received payment from a non-participating insurance company within 60 days of the date of service, you will be expected to pay the balance. We will provide you with all necessary information for submitting claims to your insurance company.
12. If we are required to bill you for your copay, after we have confirmed your acknowledgment of this fee and you still are not able to pay at time of service there will be a \$5.00 fee added.
13. Any returned checks for insufficient funds will be assessed an additional **\$35.00 NSF fee**.

Remember, whether you do or do not have insurance, you are ultimately financially responsible for payment of your services. If you have any questions regarding our financial policy, please contact our **billing department at 716-362-0541**.

**I have read and have a full understanding of Geemson Oo, MD, PLLC Financial Policy.**