

Office Policies for Adam M. Rubinstein, M.D.

1. **It is your responsibility to know your Insurance plan and benefits**; We always recommend you check with your insurance company to confirm us being within your network. Insurance companies have MANY different plans; **we may not participate in your particular plan.**
2. Should your insurance claims be denied you **will be responsible for full payment of services rendered.**
3. We will code all lab/diagnostic orders and visits appropriately to our discretion and will not make changes after the services are performed.
4. If Dr. Rubinstein refers you to another physician or facility **it is your responsibility to make sure they accept your insurance and to let us know if you require a referral or pre-authorization.** We advise you to call your insurance company **to verify whether a provider or service is covered.**
5. Our billing service will submit a claim to your insurance company once for each date of service.
6. Our billing service will contact your insurance company if they have not responded within a reasonable time frame, once only, for each date of service.
7. We do not bill for Workmen's Compensation or any other responsible third party for work or other related injuries. You will be responsible and can file for reimbursement from third party.
8. If your insurance company has not paid within 90 days you will be responsible for the full balance.
9. Accounts with balances over 90 days and without an established current payment plan will be sent to a collection agency regardless of the circumstances.
10. If it is necessary to send your account to collections you will be charged a processing fee of \$50.00 for each account. In addition, If your account is sent to collections, you (and any dependent family members) will be discharged from the practice.
11. If you are unable to keep an appointment you **must notify our office**, Otherwise, you will be billed \$75.00 for a 20-minute appointment (i.e., routine appointment, follow-up, sick visit, etc) and \$150.00 for a 40-minute appointment (i.e. physicals, multiple issues.)
12. **HMO patients:** If we obtain a referral from your insurance company for services and you do not use it prior to the expiration date (typically 90 days) requiring us to regenerate a new referral there will be a \$35.00 fee.
13. If you call for a problem (ex: sinus infection, cough, etc.) but do not accept an offered appointment, there may be a phone consultation charge (minimum of \$35.00). The phone consultation charge also may be applied to calls from out of town.
14. There is a charge for completion of forms or for letters of medical necessity. The charge is based on the amount of detail required and the amount of time it takes the physician to complete the form(s) or write the letter(s).

I have read and understand the above policy. I value Dr. Rubinstein's services and I understand that I must do my part to ensure payment of his professional care. I hereby authorize Adam M. Rubinstein, MD to release any medical records related to my care in order to obtain payment for medical services rendered on my behalf (including mental health, substance abuse). I also authorize Adam M. Rubinstein, MD to submit all charges for services rendered to me and assign any benefits payable to Adam Rubinstein, MD, SC. I understand that I am responsible for any portion of my bill not covered by insurance companies, governmental agencies or their intermediaries or third party payors. I understand that co-pays and balances are due at time of visit. I have read and understand the Patient Responsibilities provided to me.

Signature _____

Date _____