

Office Policy

Patient Name: \_\_\_\_\_

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. We are enrolled in all major insurance plans and networks. However, if we are not enrolled, for now and until the enrollment is completed we will honor your insurance plan "in-network" benefit rates.

- Payment for service is due at the time services are rendered. We accept cash, checks, MasterCard, Visa, and Discover.
- Returned checks are subject to a \$40.00 service fee. Repayment will be required in cash, money order or credit card ONLY.

Filing Of Insurance

- Insurance - We will file all claims to your Insurance. Surgery, Sclerotherapy, Diagnostic Procedures and Compression Garment/Stockings are usually covered by insurance. We will verify your plan benefits as a courtesy for you. If necessary our office will prepare a written pre-certification or pre-determination. Insurance providers do not "guarantee" the amounts quoted over the phone. We must emphasize that as a medical provider, our relationship is with you; not your insurance company. Your active participation is necessary when denials occur or payments are delayed from your insurance provider.
- Medicare - The office will file all claims for Medicare covered procedures. **Please note that charges NOT covered by Medicare will be collected at the time of service.** If you have secondary insurance, we will file claim forms for Medicare covered procedures with your secondary.

**As The Patient, You Have The Ultimate Financial Responsibility.** Payment of All charges are expected at the time services are rendered by this office. In the event that private insurance may pay a portion of your charges, your estimated payment (considering expected insurance coverage) will be required to be paid at the time of service. In the event that your insurance provider denies payment of pays less than expected, you are ultimately responsible for all balances on accounts. The Insurance Company's decisions and payment amounts are not within our control; however, we are happy to assist you in the insurance appeal process. In the event of an unpaid account by your insurance provider, please understand that you are ultimately responsible for all charges. If it becomes necessary to collect your unpaid account using a collection agency, you will be responsible for any and all charges incurred as a result of involvement of a collection agency/attorney (usually up to 50% of unpaid amount) and any other legal or court fees incurred as a result.

**Missed or Canceled Appointments-** The timeliness of treatments is important in getting the most effective results. We accommodate the patient's schedule as best as we can. In consideration of this and other patients, this office requires a 48-business hours notice of cancellation of an appointment and a 72 hour notice of cancellation of a surgery. This provides time to work other patients into the schedule. *Failure to provide notice will result in a \$50.00 missed appointment charge. Policy strictly enforced.*

**Specialty Care After Office Hours or for Emergencies-** The practice of Dr. Robert H. Johnston, Jr. is a Specialty Care Office. While treatment of veins is done in the office, there is no emergency after office hour care. You are given information and instructions related to your treatment which you will be responsible to carry out and follow. In the event of an emergency after office hours you are instructed to call 911 or go to the nearest emergency room. Our office does not provide after office hours emergency care.

**Agreement**

I, (Print Full Name) \_\_\_\_\_, have read and understand the Office Policy, including cancellation policy, specialty care after office hours or emergencies, and the terms & conditions of my financial obligation and agree to abide by the office policies outlined above.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Presented By \_\_\_\_\_ Date \_\_\_\_\_