



FINANCIAL POLICY AND ASSIGNMENT OF BENEFITS

As with any service organization, our financial obligations must be met in order to provide medical services today as well as the new services of tomorrow. We are asking that you to take this financial obligation as serious as we do here at Mobile Physical Medicine & Wellness, P.C. Please let us know if you have any questions about your financial responsibility.

Our Front Office Receptionist will assist you with the following information prior to your appointment:

- Demographic Information
- Insurance Verification

This will allow MPMW to receive all the necessary information to correctly file your claim. Other policies and services provided to you are listed below. MPMW must have a signature on file to accept assignment from your insurance and other benefit coverage. MPMW must obtain and maintain a new signature each year to accept assignment of benefits from Medicare or any other entity.

Financial Policy:

1. Cancellation and No-Show Policy is as follows: Failure to give a 24 hour notice of cancellation of an appointment or no-showing for a scheduled appointment, will be considered a missed appointment, which will result in a charge of \$25.00 on the patient's account. Failure to pay a missed appointment fee will be treated according to our policy for unpaid balances.
2. Late Arrival Policy is as follows: If a patient arrives to the office more than 10 minutes late to their scheduled appointment, it will be consider a missed appointment, and the patient will have to cancel and reschedule. A missed appointment will result in a charge of \$25 on the patient's account. Failure to pay a missed appointment fee will be treated according to our policy for unpaid balances.
3. Claims for services rendered are filed as a courtesy to you. In order for this courtesy to work we must receive the necessary demographic and coverage information from you or the Guarantor of your policy (i.e. spouse) prior to your visit. Otherwise your claim will be denied and the balance for service rendered will become your responsibility to pay at the time of service.
4. All co-pays, deductibles, co-insurance, previous balances, and fees for non-covered services are due at the time of your visit. In the event we are unable to collect your balance within 60 days of the date of service we will turn your account over to our collection agency for collection. Any and all fees associated with the collection of your debt to MPMW will be entirely your responsibility in addition to your initial debt. Collection fees can be as high as 33.3% of your total unpaid balance. By signing below you agree to pay your entire debt within 60 days.
5. If you are a Medicare recipient, we will file your Medicare as required for participation in the Medicare program. If your Medicare is primary, please notify Medicare of your supplemental insurance. Medicare normally forwards claims to a supplement for processing of co-insurance or deductibles. This does not guarantee your supplement will pay these balances. In the event MPMW does not collect your portion of payment from your supplemental insurance the balance will remain the patient's responsibility and payable upon notice from MPMW.
6. Services we provide may not be covered by your insurance. In the event your insurance company does not cover the services provided by MPMW, you will be responsible for these charges. We will make every effort to inform you that your insurance company may not cover the services to be provided to you. It is your responsibility to know the benefits/ coverage of your insurance. Mobile Physical Medicine & Wellness, P.C. will make every effort to obtain any necessary prior authorizations before a service is performed. However, MPMW will not be responsible for any necessary prior authorizations required by your insurance company that were not obtained.

Assignment of Insurance Benefits:

By signing below, you authorize your insurer or other payer for services (Medicare, Medicaid, etc.), whether or not specified herein, to make payments directly to the holder (MPMW) of this assignment rather than to the undersigned. You recognize that you, separately and / or jointly, remain financially responsible to MPMW for any charges.

Patient Signature: _____ Date: _____

Patients Legal Guardian: _____ Date: _____

Relationship to Patient: _____

Office Use Only: Initial: _____