

# CHESAPEAKE ENDOCRINOLOGY



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Phone: 410-216-4445 Fax: 410-314-4547

## **Financial Policy**

### **1. Insurance policy**

- a. We ask that you read your insurance policy to be fully aware of any limitations of the benefits provided. If you are concerned about coverage for any of our services, please contact your insurance company prior to your visit.
- b. If your insurance company denies coverage, or we otherwise do not receive payment 60 days from filing your claim, the amount will then become due and payable by you.
- c. Remember that your coverage is a contract between you and your insurance company and/or your employer and your insurance company. Although we will make a good faith effort to assist you in obtaining your benefits, we cannot force your insurance company to pay for the services we have provided to you.

### **2. Credit cards on file**

- a. Chesapeake Endocrinology is committed to making our billing process as simple and easy as possible. We require that all patients provide a credit card on file with our office. We will store your card number in a secure, PCI compliant location associated with your electronic medical record (EMR). For security reasons only the last four digits will be visible to our staff. Credit cards on file will be used to pay copays when you are seen in our office, including account balances, after your insurance processes your claim.
- b. If we do not receive payment for the amount listed on your statement within 13 days, we will run the credit card on file for the full amount owed.
  - i. If your payment is declined, we will call you. If our reminder call is not returned within one week, a \$35 declined payment fee will be applied and another statement will be mailed.
  - ii. Your account becomes delinquent if not paid within 30 days after the date of the original statement.
  - iii. The unpaid balance will be subject to a finance charge of 1.5% (18% APR) or \$35, whichever is greater.
  - iv. Further delinquency will be subject to collections with additional finance fees.
- c. By signing this agreement I give Chesapeake Endocrinology permission to charge my credit card for any patient balance due on my account. If I have insurance coverage, my card will be charged AFTER my insurance has paid their portion.

**3. Late fees**

- a. I understand that my account becomes delinquent if not paid within 30 days after billing and the unpaid balance becomes subject to a monthly finance charge of 1.5% (18% APR) or \$35, whichever is greater. Any further delinquency will warrant the balance and any administrative fees being assigned to a collection agency.

**4. Appointments and cancellations**

- a. We gladly reserve appointment times for you and appreciate that you have chosen Chesapeake Endocrinology for your care. As a courtesy, we will remind you of your appointment by calling and/or text/emailing you 7 and 3 days prior to your scheduled date and time. If we cannot speak to you directly, we will leave a message for you. However, in the event your mailbox is full or your line is busy, our efforts to contact you may be unsuccessful.
- b. An appointment is a contract of time reserved for your treatment. We respect our patient's valuable time and we request the same courtesy from our patients. Please extend this courtesy should you need to cancel and/or reschedule your appointment. We reserve the right to charge \$50 for canceled or missed appointments without advance notice of 1 business day.

**I have read and agreed to the above information.**

**Patient's Name (print)** \_\_\_\_\_ **D.O.B** \_\_\_\_\_  
**Patient's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_