

MAPLE MEDICAL,™LLP

Pulmonary, Critical Care, Internal Medicine, Endocrinology, Cardiology, Nephrology & Gastroenterology

FINANCIAL POLICY

Thank you for selecting Maple Medical for your healthcare needs. As your healthcare provider, our primary responsibility, first and foremost, is to you, our patient. We are committed to giving you the best care possible.

PATIENT INFORMATION

All new patients (first time visit or not seen by a Maple Medical Physician in over 3 years) will be required to complete a [patient information form](#). It is every patient's responsibility to inform us of any changes in your address, telephone numbers, insurance and employment. On the day of your visit, please make sure to bring all of your current health insurance identification cards along with your driver's license or valid photo ID.

MANAGED CARE PLANS

In an effort to accommodate the needs of our patients, we participate with many insurance plans. [Click here](#) to view a list of the insurance companies we currently participate with. These insurance companies require us to collect certain mandatory fees from you at the time of your visit. The most common fees collected are your co-payment, co-insurance or deductible. Your insurance company sets the amount of your copayment. It is important that you are familiar with your insurance benefits and guidelines.

TRADITIONAL MEDICARE

All Maple Medical Physicians participate with Medicare. **It is the patient's responsibility to meet the annual deductible.** After the deductible has been met, the patient is responsible for the 20% co-insurance.

If you have a secondary insurance policy, we will bill the Medicare deductible and the 20% co-insurance to the insurance carrier.

MANAGED CARE MEDICARE PROGRAMS

If you are covered by a traditional Medicare replacement plan, also known as a "Medicare advantage" plan, please inform us prior to your visit so that we can make certain that we participate with your particular Medicare replacement plan.

MEDICAID

Unfortunately, we can no longer accept new patients whose primary insurance is Medicaid.

TRADITIONAL or INDEMNITY INSURANCE

Payment for services rendered is due at the time of your visit. As a courtesy, we will complete and send insurance claim(s) for you to your insurance carrier. Our charges are based on what is usually and customarily charged in our area. You will be responsible for full payment regardless of an insurance company's arbitrary determination of "usual and customary" rates.

PAYMENT of SERVICES

We accept cash, checks and most major credit cards. Please make all checks payable to: **Maple Medical, LLP**.

We charge a \$50.00 returned check fee for all checks that our bank returns to us as uncollected.

CANCELLING YOUR APPOINTMENT

Should you need to cancel your appointment, please do so at least 24 hours prior to your appointment time. Failure to call and cancel your appointment will result in the imposition of a \$25.00 missed appointment fee. There is a \$75.00 missed appointment fee for those patients who fail to cancel their Annual Exam without at least 24 hours notice. Please call our office between 8:00 a.m. and 5:00 p.m. when canceling your appointment.

REFERRALS and PRE-AUTHORIZATIONS

If your plan requires a referral from your primary care Physician or an authorization in order for you to see a Specialist, it is your responsibility to obtain the necessary referral or authorization prior to the date of your appointment. We cannot render treatment until we have an authorization. If you elect to be evaluated or treated without the necessary referral or authorization, then you will be responsible for payment of services rendered at the time of your visit. It is important for you to understand that your insurance company will more than likely deny your claim for reimbursement due to the lack of a referral or authorization.

NON-COVERED or DENIED SERVICES

Each day, insurance companies add more and more services to their list of non-covered services. We will make every effort to determine if necessary services are covered by your insurance plan.

Should your insurance company deny services that your Physician deems necessary, you will be responsible for the payment of the denied service.

PRE-EXISTING CONDITIONS

Some insurance plans will not cover necessary treatment for a medical condition that they consider to be pre-existing. Please notify us immediately if you think that you have a pre-existing condition that may prevent your insurance company from reimbursing Maple Medical, LLP.

We thank you for carefully reading our Financial Policy. Please let us know if you have any questions or concerns. With your cooperation and assistance, you should receive all the benefits provided to you under your health insurance plan.

**ASSIGNMENT of BENEFITS and
AUTHORIZATION TO RELEASE INFORMATION**

I authorize and request that my insurance benefits be paid directly to: Maple Medical, LLP for services rendered to me by their Physicians. I understand and agree that I am responsible for any balances other than for contractual adjustments. I further authorize release of any information necessary for the purpose of processing any insurance claims on my behalf.

Signature of Patient Name of Patient Date

Signature of Patient's Guardian Name of Patient's Guardian Date