

Melvin S. Gale M.D. and Associates
Patient Payment Policies

We want to provide you with detailed information about our financial policies.

Insurance: Your insurance policy is an agreement between you and your insurance company. Knowing your benefits is your responsibility. We will bill your insurance plan for you. We will ask you for a copy of your driver's license and current insurance card(s). If you cannot provide insurance card(s), you will be responsible for 100% of your bill.

If your insurance changes in any way, please notify us immediately.

Non-Contracted/Out of Network Insurances: If we are not in your insurance network, we will do our best to estimate your costs. The final amount due will be determined by your insurance, and **you will be responsible for the unpaid balance.**

Deductibles and Health Savings Accounts: Some insurance plans have large deductibles which require that you pay a significant portion of the fee. Because of this, we require a payment of \$90, due at the time of service. Once the insurance company processes your claim, you will be responsible for any additional balance due.

Co-payments must be paid at the time of service. There is a \$10.00 service charge if you do not pay your co-pay at the time of service.

Non-covered Services: You will be billed for time spent on your behalf, such as writing letters and reports, phone calls, photocopying. The cost is \$12.00 to \$25.00 or more, depending on complexity.

Photocopies:

Record request from patient:

1st-10 pages: \$3.35 per page

11-50 pages: \$.70 per page

51 and higher: \$.28 per page

Mailing Fee: Actual Postage

Prescription Refill Request Between Appointments: \$8.00

Prior authorizations for prescriptions that your insurance co. may request: \$15.00

Appointments and Cancellations: Appointments must be canceled **48** hours in advance to avoid a charge for the time we have set aside for you. (You may leave a message with our office or answering service 24 hours a day.) These charges are not paid by any insurance. Our charges may be up to the full amount of your session, not your co-pay amount. **You should discuss this with your care provider for further clarification.**

Claims Submission: We will submit your claims and provide reasonable assistance in getting your claims paid. Your insurance company may request certain information directly from you. Your timely response will facilitate payment. If you choose to bill your insurance yourself, you are expected to pay the full fee at each session.

Nonpayment: Patients who have unpaid “patient responsible balances” over 30 days will be charged a \$10.00 billing charge per month. If you fail to pay your bill, we may refer your account to a collection agency and all fees incurred will be your responsibility. (Using these procedures requires that we release the patient’s name, the treatment services involved, and the amount due.) Additionally, failure to pay your bill and/or an unwillingness to make, and successfully fulfill your commitment to a payment plan will likely lead to termination from our office. Special financial circumstances should be brought to the attention of your care provider.

Two Appointments on the Same Day: Some insurance companies, such as Medicare and Medical Mutual, do not pay for two professional services on the same day. If you choose to schedule two services on the same day, you will be responsible for any charges not covered by your insurance.

Returned Checks: \$30.00 service charge.