

ANNAPOLIS INTERNAL MEDICINE, LLC
Business Office Disclosure and Financial Policy version 01.01.2024

Thank you for choosing Annapolis Internal Medicine (“AIM”) as your healthcare provider. The purpose of this form is to clearly explain our financial policies and business office procedures and patient responsibilities. We are available to discuss our professional fees with you at any time. The following is a statement of our Business Office Disclosure and Financial Policy which must be given to you each year, or as our policies change. A signature of receipt and acknowledgement is required.

PROVIDE ACCURATE INFORMATION

You have the responsibility to provide accurate and complete information regarding your demographic information, health insurance and health history.

If any information changes such as name, address, phone number, email, insurance coverage, etc.-please inform the practice immediately. Insurance denials as a result of billing errors due to patient supplied information will result in transfer of the account balance to the patient's financial responsibility.

UNDERSTAND YOUR INSURANCE COVERAGE AND BENEFITS

Your healthcare contract is between you and your insurance carrier. Patients are ultimately responsible for understanding their coverage and benefits as there may be limitations and exclusions. *You are responsible for any charges not covered by your plan.*

INSURANCE PLANS

Our providers participate with Medicare, Medicaid, Priority Partners, Wellpoint (formerly Amerigroup) and most commercial insurance plans. “Participation” means that we have a contractual agreement with your insurance company. We will submit your medical claims on your behalf and will await payment, less any copayments or deductibles that are the patient’s responsibility. **Copayments, if applicable, are due at time of service as it is a requirement placed on you by your insurance company.** If you have a managed care plan or HMO and are being seen for primary care services, and we are not listed as the primary care provider on your insurance card, you must provide a referral from the primary listed on that card or you may be asked to reschedule your appointment. If you are seeing a specialist in our office and your insurance requires a referral, you must present or have a valid referral on file at the time of service, or you will be asked to reschedule your appointment. If you wish to keep the appointment without a referral, you will be asked to sign a waiver and will be personally responsible for the charges incurred. If we do not participate with your insurance, we will submit a claim to your insurance company as a courtesy, however, you will be asked to pay for the visit in full at the time of service. Should your insurance remit payment directly to our office, we will refund any monies due to you within ten business days.

SELF PAY ACCOUNTS

Self-pay accounts are patients without insurance coverage. AIM offers a time-of-service discount off of evaluation and management services rendered (excludes vaccines and testing) when payment is received on the same day as the rendered service. If a patient is unable to pay the total amount due at the time of service, they forfeit our discount and will be billed for the full amount of their visit.

WORKERS’ COMPENSATION

If you are injured on the job, your visits should be covered under your employer’s workers’ compensation insurance. ***You must report your injury to your employers as soon as possible.*** We will submit your claims to the workers’ compensation insurance carrier; however, you must supply us with your employer’s name, workers’ compensation insurance carrier name and contact info, date of injury, claim number and adjuster's name and telephone number. Failure to provide the needed information can result in your claims being denied, and will be your financial responsibility.

MOTOR VEHICLE ACCIDENT / PERSONAL INJURY PROTECTION

Our office **does not** accept third-party payment or an attorney lien as a method of payment for claims relating to a motor vehicle accident, also known as an MVA/MVC. Payment for services related to an MVA/MVC is expected at the time of service. A detailed receipt will be provided so that you may submit a claim to your auto insurance company for reimbursement. We do not offer discounts or for these types of visits.

LAB AND DIAGNOSTIC TESTING

Our providers may order laboratory tests or diagnostic studies as part of your visits. Your insurance company may require you to use one particular lab or radiology group. We will make every effort to direct you to a participating facility; however, if you choose to go to a non- participating lab or radiology group, you may be financially responsible. You may be asked by the laboratory to fill out additional forms or waivers that notify you of your potential financial responsibility.

MISCELLANEOUS SERVICES AND RELATED FEES

There are various services that may incur a charge on your account, which are outlined below. Please be advised that if it is possible to submit the charges to your insurance, we will do so as a courtesy. However, should your insurance deny payment, the fee may become the patient’s responsibility.

- 1) Telephone, video visits or email consultations with a Physician or Nurse Practitioner during or after business hours
 - a. Patient or caregiver (authorized to speak on the patient’s behalf), must initiate the request for a call, video visit or email consultation.
 - b. There will be no charge for problems or issues that require or result in an office, urgent care or emergency room visit by the end of the next business day.
 - c. If the reason for your call is not covered by the conditions described in Items b) and c) listed above, a fee may be incurred.

The base fee for a telephone consultation is \$40 and will normally average 5-10 minutes. Video visits pricing will start at \$75.00 and the base fee for an email consultation is \$20.00.

2) Form completion

- a. Motor Vehicle Administration (MVA) form for parking permit - \$30
- b. Family Medical Leave (FMLA) form - \$40
- c. Childcare Clearance Form - \$20
- d. Other forms such as college entrance, disability, etc - \$30

3) Medical records *requests will be processed as soon as possible. However, can take up to thirty days to complete.

- a. Requests from patients that are less than twenty pages will be available for pick up or will be faxed at no charge.

- b. Requests from patients that are more than twenty pages will be copied onto a CD for a flat fee of \$ 20.00 (this includes materials and postage).
- c. Charges for third party companies requesting records will be \$20.00 for the records + \$22.88 for a preparation fee.

METHODS OF PAYMENT and RETURNED CHECK FEE

For your convenience, we accept Cash, Check, Visa, MasterCard, Discover and American Express for payment. There is a \$35 fee for any check not honored by your bank.

CANCELLATION POLICY

We require 24-hour advance notice for canceling appointments. We do not confirm appointments made within two days of your scheduled visit. Failure to do so may result in a \$50.00 missed office visit fee. We recognize that there may be circumstances which may not permit such notice and those shall be considered on a case by case basis. This policy is aimed at minimizing wait times and ensuring availability of medical care for our patients. For any missed physical, wellness, or vascular study appointments, the missed office visit fee is \$100.00.

INTEREST CHARGES / FEES

Past due balances are subject to interest charges and/or late fees.

STATEMENTS

A statement will be sent to you, via paper or electronically (whichever you prefer) once the insurance company has processed the claim and the remaining balance becomes your responsibility. We send statements every thirty days up to three months. Unless you notify the business office within 30 days of receiving your statement that you dispute the validity of the balance or any portion thereof, we will assume the balance is correct and valid. If no payment, payment arrangement or letter of hardship is received within three billing cycles, your account is considered delinquent and will be forwarded to our collection's agency. We do not send statements for any balances under \$5.00. Our staff will notify you of your small balance during check-in at your next appointment.

REFUNDS DUE TO PATIENTS

If you are due a refund from our office and you originally paid us with a credit or debit card, our system will attempt to refund the monies back to the original form of payment. We do not keep the data of your card stored (unless you have pre-authorized this information for a payment plan), and can only see the last four digits of your card information when the system processes it. If you prefer to have a refund issued by paper check, you must contact our Billing Office at (410) 897-9841 option 5.

TREATMENT OF MINORS

The parent(s) or legal guardian is responsible for full payment and will receive the billing statements. A signed release will be required to treat unaccompanied minors.

COMMERCIAL PREVENTATIVE EXAMS

Most commercial insurance plans will cover a preventative exam every one or two years. In fact, some of these insurances will even cover them without a co-payment. However, in some cases, there are circumstances where you may be billed an office visit along with the exam, which will prompt a co-payment or coinsurance to be applied. There situations include (but are not limited to) a new, acute issue discussed, evaluated or managed, a chronic problem that is re-evaluated and treated, a special test ordered or if a referral to a specialist is created. If you have any questions regarding this, please speak with your doctor or our business office.

ANNUAL MEDICARE WELLNESS EXAMS

Medicare covers your Annual Medicare Wellness visit with no coinsurance or deductible. As a part of subsequent wellness visits, your doctor will update the health-risk assessment you completed the year prior, update your medical and family history, update the list of current medical providers and suppliers, screen for cognitive issues, update your risk factors and conditions and the care you are receiving or that is recommended, provide health advice and referrals to health education/preventative counseling services or programs, check your weight and blood pressure. *Please note that no other examination is covered by Medicare during the Annual Wellness visit. If you receive additional services such as the evaluation and management of any existing or new problem, procedure or tests, they will be billed as a separate medical service. In those cases, you may be charged your regular coinsurance and/or deductible. If you have any questions regarding this, please speak with your doctor or our business office.

PORTAL ACCOUNT

Our secure, online patient portal is designed to be a convenient resource for our patients. Once registered, you will be able to manage your or your family members personal and insurance information, send non-urgent messages to our clinical and clerical staff members, manage appointments, review lab results and pay your bill. We recommend you go through your pharmacy for any prescription refill requests. The portal is not intended to take the place of an office visit or to discuss, at length, chronic medical conditions and treatment plans.

CONDITIONS OF PORTAL ACCESS

More than three (3) cancellations through the portal within a 12-month period may warrant your portal account to be disabled. Portal access may also be disabled for any rude, demanding, impolite or threatening messages sent to our staff, and may also result in dismissal from the practice.

Portal access may only be restored after being reviewed by management.

I have read, understand, and agree to the above Financial Policy. I understand my financial responsibility to make payments for services provided to me and the courtesy extended by Annapolis Internal Medicine, LLC to simplify insurance reimbursement for the services provided to me. I acknowledge that these policies do not obligate Annapolis Internal Medicine, LLC to extend credit to me for services provided.

Patient or authorized representative signature: _____ Date: _____

Patient or authorized representative name (please print): _____