

Patient Name:

Date:

Policies of Patricia Korber, M.D.

Please initial each line after you have read and understand each individual policy. If you have any question please ask a member of our staff.

___ **Payments:** Are due at the time of service. Dr Korber works with a billing company who will file your insurance claim, as a courtesy to you.

___ **Co-payments, Deductibles, Co-insurance:** Are estimated according to your policy coverage, non-covered services or services which insurance eligibility cannot be confirmed are due and payable at the time of service.

___ **Insurance Coverage:** Your insurance policy is a contract between you and your insurance company. You are responsible for knowing the terms of your policy. It is not the responsibility of our office to know the policy details. As a courtesy, our office attempts to verify eligibility and benefits, however we do not obtain the exact details of payment until the claim is processed.

___ **Outstanding balances:** Are due and payable prior to physician visits. It is our policy that all accounts must be kept current.

___ **Co-payments:** Are due at the time of your visit and payable before your visit.

___ **Billing Policy:** We will bill your insurance company at the time of service. If coverage is denied or there is a remaining patient balance, you will be responsible for payment in full at the time of statement or at the time of your next appointment. You will be billed on a monthly basis.

___ **HMOs:** The only HMO group Dr Korber participates with is Greater Newport Physicians. With these types of policies it is sometimes necessary to obtain an authorization through Greater Newport Physicians. It is your responsibility to ensure an authorization is obtained for these services.

___ **Collection Policy:** If payment is not made at the time of your monthly statement you may be responsible for interest and penalties. Our office utilizes a collection agency for any unpaid debt. Once your bill goes to collections you are responsible for any interest, penalties or attorney's fees. We cannot remove an account from collections, once it is sent. If your account is sent to collections you may be discharged from the practice.

___ **Financial Hardship:** If for any reason you encounter a financial hardship, Dr Korber will allow monthly payments. Each case is handled on an individual basis, contact the office manager for details. If such agreement is made, missing a payment nullifies the agreement.

___ **Returned checks:** There will be a \$35.00 fee for returned checks.

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____ **Arbitration:** An arbitration agreement form is included in each new patient packet and is also required if you have not been seen in the office 3 years. Each patient is required to sign an arbitration agreement before being seen in our office.

____ **Office Hours:** Monday-Friday 8:00am to 5:00 pm, closing for lunch from 12pm-1:30pm. Please understand on some occasions hours may vary due to schedule changes, holidays.

____ **Missed appointments:** There is a \$50 fee for a missed appointment if the office is not notified 24 hours in advance. This fee is not covered by insurance companies and will be billed to the patient directly.

____ **Copy of medical records:** A written request, along with a \$35.00 fee must be received prior to the release of medical records. Please allow 30 days from receipt of the request and payment.

____ **Disability forms:** There is a \$15 fee to fill out disability forms. Payment is due at the time forms are given to the office.

____ **Telephone Calls/Messages:** Telephone calls made to our office are returned within 24 hours.

____ **After Hour Calls:** Urgent after hours calls are routed to our answering service, where either Dr Korber or the doctor on-call will be contacted. If you call after hours and your call is not urgent, please call back during our normal office hours. In rare instances if you have an urgent after hours call and do not receive a return telephone call, please go directly to your nearest emergency room.