



Humaira Adenwalla, M.D.

Financial Policy Patient Financial Agreement

Center for Arthritis & Osteoporosis, P.C. is committed to serving our patients with professionalism and caring and from our patients, we expect the same commitment. Understanding our financial policy is an important part of your overall experience with our office and staff. Please feel free to ask any questions you may have about this financial agreement. Once you have carefully read these policies, sign below indicating you have read and understand these items.

Patients Responsibility to our Office:

- ✓ To provide accurate and up-to-date insurance information to our office. Failure to provide us with this information 3 weeks prior to an infusion or injection will lead to denial of claims and will cause you to be personally responsible for charges incurred. This also means the cost of the medication for the infusion/injection.
- ✓ It is the patient's responsibility to understand and comply with any pre-determination of benefits or referral/prior authorization requirements. Failure to provide us with any insurance changes/amendments to coverage (3) weeks prior to your infusion/injection can lead to a denial of claims and will cause you to be held personally responsible.
- ✓ To be responsible for any out-of-pocket expenses that are owed as dictated by your insurance coverage. Depending on your insurance coverage this may include any of the following types of payments:
 - ✓
 - A. **“Co-Payment”**: a payment that may be required at the time of an office visit as a mechanism by which you share the cost of that visit with your insurance carrier. This is usually a flat fee paid per visit, regardless of the total amount of charges incurred.
 - B. **“Co-Insurance”**: a payment that shares some of the overall cost of your care with your insurance carrier. This is usually determined after the charges have been processed by the insurance carrier and an “Explanation of Benefits” or E.O.B. has been issued. A plan will have a set ratio, for example 80/20, where the insurance carrier pays 70% of the allowed amount and you are responsible for the 20%.
 - C. **“Deductibles”**: these are amount that are paid out by the patient before any payments are made by the insurance carrier. A \$500.00 deductible means that the patient is responsible for paying the first \$500.00 of the charges incurred. Once the deductible is “met” then your insurance carrier will begin covering their portion of the allowed charges. Deductibles can be per individual or per family. Deductibles usually reset every calendar year.

Patient Signature: _____ Date: _____

Print Name: _____

Responsible Party Member Signature: _____ Date: _____