

EMKEY ARTHRITIS AND OSTEOPOROSIS CLINIC

1200 Broadcasting Rd, Suite 200, Wyomissing, PA 19610

P- 610-374-8133 F- 610-375-1206

Dr. Gregory Emkey, Dr. Ronald Emkey, Dr. Devy Setyono, Valerie Galante, CRNP

FINANCIAL POLICY

Thank you for allowing the team at Emkey Arthritis & Osteoporosis Clinic to be part of your health care. We are honored and dedicated to providing you with the best possible care. We ask that you read the following policies and sign acknowledgement below.

Please be sure to bring your medical insurance card(s) to each visit.

Referrals / Authorizations: Since we are a specialist practice, your healthcare policy may require a referral from your primary care physician, and if this is the case, please obtain your referral and bring it to your appointment. If a referral cannot be obtained, we may have to cancel and reschedule your appointment until one has been issued. Our staff will take care of acquiring any prior authorizations needed for services and/or medications, however this does not guarantee your insurance will cover the cost.

High-Deductible Plans: If you participate with a high-deductible health plan, and if your deductible has not been met, we will bill your insurance and you will be receiving a patient statement with your portion of balance due.

Out of Network Plans: It is your responsibility to understand your out-of-network benefits. Payment will be expected at the time of service and we will provide you with an invoice that you can submit to your insurance for reimbursement.

In Network Plans: We are contracted with your insurance and are expected to collect from you at the time of service any co-pays, deductibles and out of pocket portions. For your convenience, we accept payment by cash, check, or credit card. Please be prepared to pay at your appointment. If you have any questions as to what your responsibility would be, you may contact your insurance.

Patient Balances: We will bill you any patient coinsurance, deductible and/or member portion that your insurance states are your responsibility. Should you receive a patient statement in the mail the office expects full payment within 30 days. If you are unable to pay in full, it will be your responsibility to contact our billing office to set up an agreed upon payment arrangement. Billing office phone is 610 374-8133 option 6. If your bill goes unpaid for >90 days, your appointments will be suspended, and your account will go to collections. Guarantor agrees to be responsible for all costs of collection on unpaid balances including, but not limited to, 1.5% interest (18% annually), collection fees (up to 50%), court costs and reasonable attorney fees.

Returned Checks: There is a \$35.00 fee for each returned check.

Cancellation of Appointments: 24-hour notice is required if you need to cancel or reschedule your appointment. We have an extensive waiting list, and this allows others the opportunity to be seen.

Missed Appointments: If you did not cancel 24 hours prior and missed your appointment there will be a fee of \$75.00 for established patients and \$125.00 for new patients charged to your account.

Medical Record Transfer Fees: If you are requesting your medical records, there will be a fee per page which is determined by the Pennsylvania Department of Health. Once payment is received, we will release records to you within 5 business days.

Additional Forms: (i.e., Disability & Family Medical Leave Forms, Worker's Compensation and Parking Placard forms) There is a charge for the completion of forms. It is \$10 for the first page and \$5 for every page thereafter. FMLA forms are a \$45 charge. Forms will be completed upon receipt of the payment by cash, check or credit card.

I have read and acknowledged the above financial policies.

Print name: _____

Date of Birth: _____

Signature: _____

Date: _____