

OFFICE FINANCIAL POLICY

Basic Policy – Payment for service is due in full at the time service is provided in our office.

For Patients With Insurance – Dr. Hensley is a participating provider with Medicare and Blue Cross Blue Shield of Florida PPO. We will also bill *most* secondary insurance companies for you. **Co-payments and deductibles (that have not been met) are due at the time of service.** Since your agreement with your insurance carrier is a private one, we do not routinely research why an insurance carrier has not paid or why it paid less than anticipated for care. If an insurance carrier has not paid within 60 days of billing, professional fees are due and payable in full from you. Also, any prior authorization needed for insurance coverage purposes is strictly the responsibility of the insured/patient. It is your responsibility as a health insurance consumer to be aware if you are seeking care with a “participating provider” for your health plan. Managed care patients enrolled in plans that we are not contracted (“participating”) with are responsible for payment at the time services are rendered and we will provide you with the necessary paperwork to file your claim.

Medicare Patients – We will bill Medicare for you. All co-payments or deductibles are due and payable at the time service is provided. Filing of supplement plans is a courtesy of our office and in no way relieves you of coinsurance obligations. Our agreement with Medicare states we are required to collect 20% of their approved amount plus any applicable deductibles.

Non-Covered Service – Any care not paid for by your existing insurance coverage will require payment in full at the time services are provided. We will notify you in advance if we are certain a service will be considered cosmetic.

Missed Appointments – In fairness to other patients and the doctor, we require at least 24 hours notice to cancel appointments. You may be charged for missed appointments.

I have read, understood, and agreed to the above financial policy for payment of professional fees. The patient is ultimately responsible for all professional fees.

ASSIGNMENT OF INSURANCE BENEFITS

“I hereby assign all medical and/or surgical benefits, to include major medical benefits to which I am entitled, private insurance, and any other health plans to Cynthia D. Hensley, MD, PA. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize the practice to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions, whether manual or electric.”

Patient Signature _____ Date _____