ALI HENDI, MD, PC **Last Name _____**
HENDI AMBULATORY SURGERY CENTER, PC
FINANCIAL POLICY/HIPAA POLICY/HCFA RELEASE

Thank you for choosing us. We appreciate your trust in us and the opportunity to serve you. As part of our practice, we try to offer efficient and helpful billing services. To this end, we ask you to read the following statement of our financial policy. Please sign it prior to any treatment.

- Payment for non-covered procedures is due at the time of service.
- We accept cash, check, or credit cards.
- An 18% APR service charge will be added to bills over 30 days old.
- We offer an extended payment plan for patients meeting low income or financial hardship criteria.

PARTICIPATING PLANS:
We will be happy to bill insurance plans we participate in. Once we receive correct payment, we will make our contractual adjustment and send you a bill for any balance due. Co-pay and deductibles are to be paid on the date of service.

MEDICARE/LATE PAYMENT:
We participate with Medicare and accept assignment. Patients are responsible for meeting their annual deductible and paying for the 20% co-insurance. We will file a claim with your secondary/supplemental carriers. However, in the event that the secondary does not pay within 60 days, the patient may be billed. Failure to pay the remaining balance within 30 days, entitles company to seek damages in the form of actual damages and all attorney fees associated with arbitration/mediation and or litigation. Accounts sent to collections will be assessed an additional fee not to exceed $49.

NON-PARTICIPATING PLANS:
As a courtesy to you we will bill your insurance carrier if you provide us with complete insurance information. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If your insurance company has not paid your account within 30 days, the balance will be assessed for payment. You should remit payment within 30 days or contact your insurance company to check on status of the claim. Please notify us immediately upon contacting your insurance company or if there is anything we can do to help settle this claim.

HENDI AMBULATORY SURGERY CENTER, PC

If you are having surgery, you will be treated in our licensed and accredited outpatient surgical center. You and/or your insurance plan may be billed separately for these services. If you have any questions please contact your insurer or call our office and speak with our billing staff that may be able to help guide you.

OUTSIDE LABS

If the expertise of an outside lab is needed for a portion of your care (biopsy interpretation or second opinions), you may receive a separate bill from that lab for their services.

USUAL AND CUSTOMARY RATES:

Our practice is committed to providing the best care for our patients. Our charges are within the usual and customary charges for our specialty in our area. You are responsible for payment regardless of any non-participating insurance company's arbitrary determination of usual and customary rates.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns. I have read, understand and agree to this Financial Policy.

X_____ Date_____

ACKNOWLEDGEMENT OF HEALTH INFORMATION NOTICE

I am aware of the Notice of Health Information Practices (HIPAA) and have read and understand the (HIPAA) manual provided to me.

X_____ Date_____

I request that payment by my insurance carrier be made to Ali Hendi, M.D., P.C. for services furnished to me. I authorize release of my medical information to my insurance carrier if needed to determine benefits payable for services.

X_____ Date_____

I have read and understand the "MOHS SURGERY PATIENT BROCHURE":

X_____ Date_____