

# Rachel Rubin-Toles, MD

## Financial Policy

Welcome to our office! We are pleased that you have chosen *Rachel Rubin-Toles, MD* to provide your care and service. We want to take a moment of your time to inform you of our policies regarding payment with our office.

We accept cash, credit cards and personal checks for payment on your account. If you have insurance which we do not contract with, you will be expected to make full payment on the day of your visit. If your insurance is one we do contract with, you are expected to pay your co-pay, coinsurance or deductible at the time of your visit.

**COMMERCIAL/PRIVATE INSURANCE:** As a courtesy we will be happy to file your insurance for you. You will be required to provide a copy of your insurance card and all necessary billing information. If you owe on your deductible or owe a co-pay we will need to collect that at the time of service. All insurance payments that are paid directly to you must be endorsed and paid to this office/physician. It is your responsibility to contact your insurance in the event of non-payment or discounted payments. Many private insurance companies in an effort to set physician fees restrict payment indicating that fees are over their "Usual and Customary" fees for this area. We have hired consulting firms to ensure our fees are comparable to that of other offices providing the same quality and level of care. We will not allow insurance companies to set our fees for us, based upon their willingness to pay.

**CONTRACTED INSURANCE:** We will submit a claim directly to the insurance carrier if you provide us with the necessary information. This includes a copy of your insurance card, an address to submit claims to and a telephone number allowing us to verify your coverage. You still are responsible for payment of your co-pay at the time of service and any amounts not covered by your insurance, including deductibles. If coverage is denied for any reason, you are responsible for payment of the entire balance due, based on our normal fee schedule.

\_\_\_\_\_ **In the event we are not contracted with your health plan, you will be responsible**  
*Initial here* **for any out-of-network cost, coinsurance, or deductible applied.**

**NO INSURANCE:** If you do not have insurance, we expect you to pay for your visit at the time of service. In the event of surgery, our Financial Advisor can help answer questions about financial arrangements.

**MEDICARE:** We are participating providers with Medicare. We will submit your claim to your insurance. Medicare will process the payments to us. You are responsible for your deductible and any co-pays/co-insurance at the time of service.

**NO-SHOW FEE: In the event your appointment is not canceled 24 hours in advance and/ or you do not show for your appointment, there will be a \$25.00 fee assessed to your account.**

**RETURNED CHECKS:** In the event your bank returns your check to our office unpaid, there will be a \$25.00 return check fee charged to your account.

**NON-PAYMENT:** In the event your account becomes delinquent, you will be responsible not only for charges incurred but also any costs involved in collection on your account. These include but are not limited to interest charges, rebilling fees, court costs, attorney fees, and collections costs. A collection agency may be used to collect on delinquent accounts. Insurance benefits are a matter between you and your insurance company. You are ultimately responsible for the payment on your account.

If you have any questions regarding our payment policies, please ask us before your visit. Thank You!

I have read and understand the payment policies set forth and have been given the opportunity to ask questions about this policy. I understand my responsibility for payment of my account with *Rachel Rubin-Toles, MD* and have provided to the best of my ability the information requested accurately and completely.

\_\_\_\_\_  
Patients/Responsible Party Signature

\_\_\_\_\_  
Date