



Patient Financial Responsibilities

The EraCare Physicians team is dedicated to providing each patient the best possible care and service. As part of the service, it is important that all patients fully understand their financial responsibilities. In an effort to reduce confusion and misunderstanding between our patients and practice, we have adopted the following policies 01/01/2016. Should you have any questions regarding these policies or your financial responsibilities, please do not hesitate to call.

INSURANCE:

Patients at EraCare Physicians are required to provide all insurance information to registration personnel. The EraCare billing offices will send claims on behalf of the patient to all insurance plans, but patients are ultimately responsible for following all insurance plan guidelines and any outstanding balances as a result from non-covered or out-of-network services, co-insurance, co-payment, deductibles, etc.

It is in each patient's best interest to know and understand their insurance plan benefits and their responsibility for any deductibles, co-insurance, or co-payment amounts prior to any visit. Not all services are covered under all health plans. If a patient's health plan does not cover a service or procedure, the patient is responsible for payment of these charges.

To find out what a health plan covers and what the financial obligation may be, the patient should call the customer service or member services department of the patient's insurance carrier (the phone numbers are on the insurance card). The patient's employer's human resources department may also be a source of information and assistance.

It is each patient's responsibility to know their insurance carrier's patient responsibilities and procedures. If proper procedures are not followed, the patient may be liable for full payment of the bill. If the insurance carrier requires a referral and/or prior authorization, contact the primary care physician prior to seeing a specialist.

Patients who have coverage through other insurance: The co-payment made at the front desk is considered a patient's initial expense to visit with a EraCare provider. After a patient's insurance carrier has received and processed a bill for services rendered to the patient, only then will a determination be made regarding the patient's financial responsibility, which may include co-insurance, co-payment, deductibles encounter fees, etc.

Non-covered Services: In the event that a patient's insurance carrier determines a service is not covered under the plan, the patient will be responsible for the complete charge and is due upon receipt of a bill from EraCare. EraCare Physicians strongly encourages each patient to contact their insurance provider prior to their visit to verify coverage for such services. The customer service number is located on the insurance card.



Approved Provider: It is important that each patient understand what will or will not be covered by the patient's health plan. Any time a patient calls EraCare to schedule an appointment, the patient should first verify that the health plan is accepted. While it is likely that EraCare has an agreement to provide services with a patient's insurance carrier, health plans continue to change and are typically renegotiated each year. It is each patient's responsibility to know if a physician is an approved provider under the health plan. Patients are also responsible for knowing which locations the health plan may require the patient to obtain labs, x-rays and other ancillary services and to obtain any referrals that may be necessary.

Medicare Patients: EraCare Physicians accept assignment on Medicare insurance claims. Please remember that Medicare pays 80% of approved charges. The patient will be responsible for the remaining 20% co-insurance, any yearly deductible, and any items deemed medically unnecessary by Medicare. If a patient has a secondary insurance that covers the co-insurance and deductible, EraCare Physicians will file on the patient's behalf.

PRIVATE PAY:

Private pay or insurances not accepted by EraCare Physicians: All private pay patients are required to make a deposit prior to seeing a provider at EraCare. We strongly suggest that, prior to the service being performed, all private pay patients inquire about the cost of care or services that will be provided. At the end of the visit, private pay patients will be expected to pay for additional charges, if any. Private pay patients will also be entitled to receive a refund of any overcharges.

Out of Network: If a patient has a health plan for which EraCare does not have a prior agreement, the patient is considered out of network. As a courtesy, EraCare will prepare and send the claim on behalf of the patient on an unassigned basis. This means that the patient's insurance carrier could send the payment directly to the patient. We require any payment made to patient for out-of-network services to be signed over to the practice. Failure to do so will result in the patient being responsible for the full charge of the visit.



PATIENT PAYMENT RESPONSIBILITY:

I have requested medical services from EraCare Physicians, LLC on behalf of myself and/or my dependents, and understand that by making this request, I become fully financially responsible for any and all charges incurred in the course of the treatment authorized.

- Other than co-payments, deductibles or co-insurance collected with each visit, patients will receive a billing statement itemizing the services rendered, claims submitted on their behalf, payments received and appropriate balances due. Amounts applied by the patient's insurance carrier to the patient's deductible, co-insurance and /or co-payments are non-negotiable and cannot be waived, discounted or rebated. EraCare is obligated to collect these amounts when applied to covered services pursuant to an agreement with the insurance carrier. Should you have any questions regarding the amounts due, please contact the insurance carrier directly.
- Each patient will receive a first statement after EraCare has received its first response from the patient's insurance carrier. A delay in the patient's receipt of the statement may occur should EraCare need to appeal the insurance payment on the patient's behalf. The statement will itemize the services rendered, claims submitted on the patient's behalf, payment received and balance due.
- Patient balances are payable in full within thirty (30) days of the date on the statement unless prior arrangements are made with the billing office.
- EraCare accepts many forms of payment. In the event there is a returned check, a \$25.00 fee will be charged.
- In the event of default, EraCare Physicians may use an outside collection company and/or report returned checks to the Attorney General Office for the State of Florida. The patient's account will be reported to the credit bureau. If it is deemed that the account has been in default of the payment obligations or compliance of these policies, a \$50.00 processing fee will be added to the patient's account.
- EraCare Physicians may also terminate physician/patient relations and any further medical care.

REBILLING FEES: A \$20.00 re-billing fee will be added to all balances over sixty (60) days past due



Clinic Policies

NON-MEDICAL:

Insurance Card: All patients are required to show their insurance card on each visit. Many employers change or modify plans on a regular basis and EraCare is not privy to those changes. It is the patient's responsibility to inform our office if a change in insurance coverage occurs.

Appointments: EraCare Physicians make every effort to schedule and keep appointments within a reasonable time frame. Once here, an appointment may take longer than planned or an emergency may arise, but every effort is made to stay on schedule. Should a patient run late, we will do our best to accommodate the patient. If an appointment is delayed or if the physician encounters a patient emergency, patients may be asked to reschedule. Please contact the check-in desk to inquire about the appointment and any delays encountered. If you are running late, please call the front desk. If you cancel your appointment without providing a 24-hour advance notice, or no-show for an appointment, there will be a \$45.00 dollar charge to the account. Should the appointment reminder system fail or neglect to call a patient, the responsibility to know when the appointment is scheduled belongs to the patient and will not negate the \$45.00 charge for missing an appointment.

Telephone Systems / Appointment Reminders: EraCare will eventually implement a personalized appointment reminder system. This system will provide patients with an electronic courtesy call for upcoming appointments. Patients will be prompted to confirm their appointment by pressing "1" on the touch tone phone.

BILLABLE SERVICES NOT COVERED BY A PATIENT'S INSURANCE:

Form Completion Charges: EraCare shall charge fees for the completion of the following forms: Disability, FMLA, Social Security or Insurance Forms (HRA or HSA), Preexisting Conditions for Insurance Approval, Parking Permits, and Return to Work Forms Required by an Employer. All fees are due when the paperwork is presented to be completed. Charges are as follows: 1 page: \$20.00, 2-5 pages: \$35.00, and 6-10 pages: \$50.00

Medical Records: Medical records are the personal property of EraCare Physicians. We adhere to strict confidentiality guidelines and must receive an original signature and copy of a patient's driver's license prior to the release of medical records to the patient. A written request must include the patient's full name, date of birth, SS#, physician's name, complete address and phone number. There is no charge for a medical record request sent directly to another physician's office or medical institution. For personal copies of medical records, there is a \$25.00 charge for the first 20 pages and a \$0.25 charge for each additional page thereafter. Payment must be presented with all requests. All requests are completed within fifteen (15) days of receipt of the request. I understand that EraCare Physicians records contain protected health information about me that is highly confidential. When appropriate, EraCare Physicians may use medical records for non-treatment purposes (research, public health, and/or operational activities).

Lab Results: To reduce the volume of calls to the Triage Department, EraCare utilizes a patient portal that will soon be available through the website. You can find access to this on the Patient Portal page. A userid and password must be created in order to access your personal health record.

If a patient is unable to retrieve the lab, or has lost or misplaced the instructions, please contact our office.

Medication Refills: An attempt to handle all prescription refills will be made during the patient's visit with EraCare Physicians. If a refill is requested, an EraCare physician will provide scripts at the time of the visit. **For refill of a currently prescribed medication,** please contact the pharmacy **FIRST**. The pharmacy will fax a prescription refill request to our office. This request will generate a response from our Triage department. If the physician gives you **SAMPLES** requiring a choice, please call our office and leave a message regarding your selection. This message will also generate an action from the Triage department. Medication refills, medication requests, lost prescriptions and prescriptions for chosen samples require 48 hours notice. Eracare Physicians will not refill medications or prescribe narcotics after 4:30 p.m. on weekdays or on weekends.

Triage for Medical Questions or urgent concerns: The Triage department answers phone calls in the order they are received, as well as sort patient questions according to the urgency of the patient needs or care. It will be comprised of any of the following employees: trained Medical Assistants, LPN's, RN's and Technicians. The Triage department is available Monday through Friday, 8:00 a.m. to 12:00 p.m. and 1:00 p.m. to 4:30 p.m., except during scheduled closures and monthly staff meetings. All patients are encouraged to call the Triage department with any medical questions they may have related to their care. Patients may choose to leave a message or wait to talk to the Triage assistant. Each call will be documented and triaged accordingly. Triaged calls may require routing to the physician. Should a patient decide to leave a message, calls are picked up every 20 minutes and returned as soon as possible. Every attempt will be made to return the medically related calls within 24 hours. Calls after 3:00 p.m. will be returned the following business day. For emergencies please call 911.

Lost Items: The Triage staff spends a tremendous amount of time replacing lost items. Should a patient misplace any items generated by this office, there will be a \$15 charge for each item replaced. This is not an insurance benefit and is due at the time of the request. The most frequently lost items include lost lab requisitions, specimen cups, and physician orders for testing.

Commitment to Care: I understand that in order to have an effective physician/patient relationship, it is my responsibility to be compliant with the physician's treatment recommendations, patient responsibilities and office policies. I understand that I may terminate the physician/patient relationship at any time and request that my medical records be transferred to another urologist. I also understand that my physician may terminate the physician/patient relationship at any time giving a thirty (30) days' notice.



Notice of Privacy Practice; This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This practice uses and discloses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. This notice describes our privacy practices. We may change our policies and this notice at any time and have those revised policies apply to all the protected health information we maintain. If or when we change our notice, we will post the new notice in the office where it can be seen. You can request a paper copy of this notice, or any revised notice, at any time (even if you have allowed us to communicate with you electronically). For more information about this notice or our privacy practices and policies, please contact the person listed at the end of this document.

Treatment, Payment, Health Care Operations

Treatment

We are permitted to use and disclose your medical information to those involved in your treatment. For example, the physician in this practice is a specialist. When we provide treatment we may request that your primary care physician share your medical information with us. Also, we may provide your primary care physician information about your particular condition so that he or she can appropriately treat you for other medical conditions, if any.

Payment

We are permitted to use and disclose your medical information to bill & collect payment for the services we provide to you. For example, we may complete a claim form to obtain payment from your insurer or HMO. That form will contain medical information, such as a description of the medical services provided to you, that your insurer or HMO needs to approve payment to us.

Health Care Operations

We are permitted to use or disclose your medical information for the purposes of health care operations, which are activities that support this practice and ensure that quality care is delivered. For example, “we may engage the services of a professional to aid this practice in its compliance programs. This person will review billing and medical files to ensure we maintain our compliance with regulations and the law.” Or “we may ask another physician to review this practice’s charts and medical records to evaluate our performance so that we may ensure that this practice provides only the best health care.” For further information on “health care operations” see the definition in the regulation at 45 CFR§164.501. A link to the regulation is available on the TMA website.]

Disclosures That Can Be Made Without Your Authorization

There are situations in which we are permitted to disclose or use your medical information without your written authorization or an opportunity to object. In other situations, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or that rely on that authorization.

Public Health, Abuse or Neglect, and Health Oversight

We may disclose your medical information for public health activities. Public health activities are mandated by federal, state, or local government for the collection of information about disease, vital statistics (like births and death), or injury by a public health authority. We may disclose medical information, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We may disclose your medical information to report reactions to medications, problems with products, or to notify people of recalls of products they may be using. Because Texas law requires physicians to report child abuse or neglect, we may disclose medical information to a public agency authorized to receive reports of child abuse or neglect. Texas law also requires a person having cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation to report the information to the state, and HIPAA privacy regulations permit the disclosure of information to report abuse or neglect of elders or the disabled. We may disclose your medical information to a health oversight agency for those activities authorized by law. Examples of these activities are audits, investigations, licensure applications and inspections, which are all government activities undertaken to monitor the health care delivery system and compliance with other laws, such as civil rights laws.

Legal Proceedings and Law Enforcement

We may disclose your medical information in the course of judicial or administrative proceedings in response to an order of the court (or the administrative decision-maker) or other appropriate legal process. Certain requirements must be met before the information is disclosed. If asked by a law enforcement official, we may disclose your medical information under limited circumstances provided:

- The information is released pursuant to legal process, such as a warrant or subpoena;
- The information pertains to a victim of crime and you are incapacitated;
- The information pertains to a person who has died under circumstances that may be related to criminal conduct;
- The information is about a victim of crime and we are unable to obtain the person’s agreement;
- The information is released because of a crime that has occurred on these premises; or
- The information is released to locate a fugitive, missing person, or suspect.

We also may release information if we believe the disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person.

Workers’ Compensation

We may disclose your medical information as required by workers’ compensation law.

Inmates

If you are an inmate or under the custody of law enforcement, we may release your medical information to the correctional institution or law enforcement official. This release is permitted to allow the institution to provide you with medical care, to protect your health or the health and safety of others, or for the safety and security of the institution.

Military, National Security and Intelligence Activities, Protection of the President

We may disclose your medical information for specialized governmental functions such as separation or discharge from military service, requests as necessary by appropriate military command officers (if you are in the military), authorized national security and intelligence activities, as well as authorized activities for the provision of protective services for the president of the United States, other authorized government officials, or foreign heads of state.

Research, Organ Donation, Coroners, Medical Examiners, and Funeral Directors

When a research project and its privacy protections have been approved by an institutional review board or privacy board, we may release medical information to researchers for research purposes. We may release medical information to organ procurement organizations for the purpose of facilitating organ, eye, or tissue donation if you are a donor. Also, we may release your medical information to a coroner or medical examiner to identify a deceased person or a cause of death. Further, we may release your medical information to a funeral director when such a disclosure is necessary for the director to carry out his duties.

Required by Law

We may release your medical information when the disclosure is required by law.

Your Rights Under Federal Law

The U. S. Department of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability and Accountability Act (HIPAA). Those regulations create several privileges that patients may exercise. We will not retaliate against patients who exercise their HIPAA rights.

Requested Restrictions

You may request that we restrict or limit how your protected health information is used or disclosed for treatment, payment, or health care operations. We do NOT have to agree to this restriction, but if we do agree, we will comply with your request except under emergency circumstances. You also may request that we limit disclosure to family members, other relatives, or close personal friends who may or may not be involved in your care. To request a restriction, submit the following in writing: (a) the information to be restricted, (b) what kind of restriction you are requesting (i.e., on the use of information, disclosure of information, or both), and (c) to whom the limits apply. Please send the request to the address and person listed at the end of this document.

Receiving Confidential Communications by Alternative Means

You may request that we send communications of protected health information by alternative means or to an alternative location. This request must be made in writing to the person listed below. We are required to accommodate only *reasonable* requests. Please specify in your correspondence exactly how you want us to communicate with you and, if you are directing us to send it to a particular place, the contact/address information.

Inspection and Copies of Protected Health Information

You may inspect and/or copy health information that is within the designated record set, which is information that is used to make decisions about your care. Texas law requires that requests for copies be made in writing, and we ask that requests for inspection of your health information also be made in writing. Please send your request to the person listed at the end of this document. We may ask that a narrative of that information be provided rather than copies. However, if you do not agree to our request, we will provide copies. We can refuse to provide some of the information you ask to inspect or ask to be copied for the following reasons:

- The information is psychotherapy notes.
- The information reveals the identity of a person who provided information under a promise of confidentiality.
- The information is subject to the Clinical Laboratory Improvements Amendments of 1988.
- The information has been compiled in anticipation of litigation.

We can refuse to provide access to or copies of some information for other reasons, provided that we arrange for a review of our decision on your request. Any such review will be made by another licensed health care provider who was not involved in the prior decision to deny access. Texas law requires us to be ready to provide copies or a narrative within 15 days of your request. We will inform you when the records are ready or if we believe access should be limited. If we deny access, we will inform you in writing. HIPAA permits us to charge a reasonable cost-based fee.

Amendment of Medical Information

You may request an amendment of your medical information in the designated record set. Any such request must be made in writing to the person listed at the end of this document. We will respond within 60 days of your request. We may refuse to allow an amendment for the following reasons:

- The information wasn't created by this practice or the physicians in this practice.
- The information is not part of the designated record set.
- The information is not available for inspection because of an appropriate denial.
- The information is accurate and complete.

Even if we refuse to allow an amendment, you are permitted to include a patient statement about the information at issue in your medical record. If we refuse to allow an amendment, we will inform you in writing. If we approve the amendment, we will inform you in writing, allow the amendment to be made and tell others that we know have the incorrect information.

Accounting of Certain Disclosures

HIPAA privacy regulations permit you to request, and us to provide, an accounting of disclosures that are other than for treatment, payment, health care operations, or made via an authorization signed by you or your representative. Please submit any request for an accounting to the person at the end of this document. Your first accounting of disclosures (within a 12- month period) will be free. For additional requests within that period we are permitted to charge for the cost of providing the list. If there is a charge we will notify you, and you may choose to withdraw or modify your request *before* any costs are incurred.

Appointment Reminders, Treatment Alternatives, and Other Benefits

We may contact you by (telephone, mail, or both) to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

Complaints

If you are concerned that your privacy rights have been violated, you may contact the person listed below. You may also send a written complaint to the U. S. Department of Health and Human Services. We will not retaliate against you for filing a complaint with us or the government. The contact information for the United States Department of Health and Human Services is: **Office for Civil Rights, U.S. Department of Health and Human Services**

Our Promise to You

We are required by law and regulation to protect the privacy of your medical information, to provide you with this notice of our privacy practices with respect to protected health information, and to abide by the terms of the notice of privacy practices in effect.

Questions and Contact Person for Requests

If you have any questions or want to make a request pursuant to the rights described above, please contact:

EraCare Physicians

Notice of Patient Rights and Responsibilities

This document is meant to inform our patients of their rights and responsibilities while undergoing medical care. To the extent permitted by law, patient rights may be delineated on behalf of the patient to his or her guardian, next of kin, or legally authorized responsible person if the patient: a) has been adjudicated incompetent in accordance with the law, b) is found to be medically incapable of understanding the proposed treatment or procedure, c) is unable to communicate his or her wishes regarding treatment, or d) is a minor. If there are any questions regarding the contents of this notice, please notify any staff member.

Patient Rights

1. **Access to Care.** You will be provided with impartial access to treatment and services within this practice's capacity, availability, applicable laws and regulations. This is regardless of race, creed, sex, national origin, religion, disability/handicap, or source of payment for care/services.
2. **Respect and Dignity.** You have the right to considerate, respectful care/services at all times and under all circumstances. This includes recognition of psychosocial, spiritual, and cultural variables that may influence the perception of your illness.
3. **Privacy and Confidentiality.** You have the right, within the law, to personal and informational privacy. This includes the right to:
 - Be interviewed and examined in surroundings that assure reasonable privacy.
 - Have a person of your own sex present during physical examination or treatment.
 - Not remain disrobed any longer than is required for accomplishing treatment/services.
 - Request transfer to another treatment room if a visitor is unreasonably disturbing.
 - Expect that any discussion or consultation regarding care will be conducted discreetly.
 - Expect all written communications pertaining to care will be treated as confidential.
 - Expect medical records to be read only by individuals directly involved in care, quality assurance activities, or processing of insurance claims. No other persons will have access without your written authorization.
4. **Personal Safety.** You have the right to expect reasonable safety insofar as the office practices and the environment is concerned.
5. **Identity.** You have the right to know the identity and professional status of any person providing services and which physician or other practitioner is primarily responsible for your care.
6. **Information.** You have the right to obtain complete and current information concerning diagnosis (to the degree known), treatment, and any known prognosis. This information should be communicated in terms that you understand.
7. **Communication.** If you do not speak or understand the predominant language of the community, you should have access to an interpreter. This is particularly true when language barriers are a continuing problem.
8. **Consent.** You have the right to information that enables you, in collaboration with the physician, to make treatment decisions.
 - Consent discussions will include explanation of the condition, risks and benefits of treatment, as well as consequences of no treatment.
 - You will not be subjected to any procedure without providing voluntary, written consent.
 - You will be informed if the practice proposes to engage in research or experimental projects affecting its care or services. If it is your decision not to take part, you will continue to receive the most effective care the practice otherwise provides.



Notice of Patient Rights and Responsibilities-continued

9. **Consultation.** You have the right to accept or refuse medical care to the extent permitted by law. However, if refusing treatment prevents the practice from providing appropriate care in accordance with ethical and professional standards, your relationship with this practice may be terminated upon reasonable notice.
10. **Charges.** Regardless of the source of payment for care provided, you have the right to request and receive itemized and detailed explanations of any billed services.
11. **Rules and Regulations.** You will be informed of practice rules and regulations concerning your conduct as a patient at this facility. You are further entitled to information about the initiation, review, and resolution of patient complaints.
12. **Commitment to Care.** I understand that in order to have an effective doctor/patient relationship, it is my responsibility to be compliant with the physician's office policies. I understand that I may terminate this relationship at any time and request my records and to transfer my care to another urologist. I also understand that my physician may terminate the doctor/patient relationship at any time giving a 30 day notice.

Patient Responsibilities

1. **Keep Us Accurately Informed.** The responsibility to identify yourself, providing to the best of your knowledge, accurate and complete information about your medical history, present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health, including unexpected changes in your condition.
2. **Follow Your Treatment Plan.** You are responsible for following the treatment plan recommended by the physician. This may include: following the instructions of health care personnel as they carry out the coordinated plan of care; implement the physician's orders; and the enforcement of applicable practice rules and regulations, unless you have exercised your right to refuse treatment. You are responsible for asking questions when you do not understand medical information that you have received.
3. **Keep Your Appointments.** You are responsible for keeping appointments and, when unable to do so for any reason, for notifying this practice within policies established.
4. **Take Responsibility for Noncompliance.** You are responsible for your actions if you do not follow the physician's instructions. If you cannot follow through with the prescribed treatment plan, you are responsible for informing the physician.
5. **Be Responsible for Your Financial Obligations.** You are responsible for assuring that the financial obligations of health care services are fulfilled as promptly as possible, and for providing up-to-date insurance information.
6. **Be Considerate of Others.** You are responsible for being considerate of the rights of other patients and personnel, and for assisting in the control of noise, smoking, and the number of visitors. You also are responsible for being respectful of practice property and property of other persons visiting the practice. If any disrespectful behavior, physical, emotional or verbal abuse occurs from the patient, or any client, the physician will be notified and may be grounds for the termination of patient/physician relationship.
7. **Be Responsible for Lifestyle Choices.** Your health depends not just on the care provided at this facility but on the long-term decisions you make in daily life. You are responsible for recognizing the effects of these decisions on your health.
8. **Tobacco-Free Environment.** To help ensure a safe and healthy environment for patients, guests, staff and others, the use of all tobacco products is prohibited in the clinic.
9. **Hand-Gun Policy.** EraCare Physicians is a gun free zone as outlined by the Florida Penal Code. Weapons of any kind are restricted while in the clinic. This applies to patients, patient's visitors/guests, and employees.
10. **Cellular Phones.** You understand your responsibility to be prepared for your visit with your physician. Cellular phones are to be turned off when a patient is taken to the patient room in preparation to see the physician.



IN A NUTSHELL

POTENTIAL CHARGES OR FEES

Non-covered Services: In the event that a patient's insurance carrier determines a service is not covered under the plan, the patient will be responsible for the complete charge and is due upon receipt of a bill from EraCare Physicians. EraCare Physicians strongly encourages each patient to contact their insurance provider prior to their visit to verify coverage for such services. The customer service number is located on the insurance card.

Returned Check Policy: There is a \$25.00 returned check fee.

Reporting in the event of a default: If an account is in default, a \$50.00 processing fee will be added to the account if collection action is taken. EraCare Physicians may also elect to terminate the physician/patient relationship.

Rebilling Fees: The rebilling fee will help offset the cost of supplies and maintaining an open account. A \$20.00 re-billing fee will be added to all balances over sixty (60) days each month a statement is sent for payment.

Missed Appointments: If you cancel your appointment without providing a 24-hour advance notice, or no-show for an appointment, there will be a \$45.00 dollar charge to your account. Should the appointment reminder system fail or neglect to call you, the responsibility to know when your appointment is scheduled belongs to the patient and will not negate the \$45.00 charge for missing an appointment.

Form Completion Charges: EraCare Physicians shall charge fees for the completion of the following forms: Disability, FMLA, Social Security or Insurance Forms (HRA or HSA), Preexisting Conditions for Insurance Approval, Parking Permits, and Return to Work Forms Required by an Employer. All fees are due when the paperwork is presented to be completed. Charges are as follows: 1 page: \$20.00, 2-5 pages: \$35.00, and 6-10 pages: \$50.00

Medical Records: There is no charge for a medical record request sent directly to another physician's office or medical institution. For personal copies of medical records, there is a \$25.00 charge for the first 20 pages and a \$0.25 charge for each additional page thereafter. Payment must be presented with all requests. All requests are completed within fifteen (15) days of receipt of the request.

Lost Items: Should you misplace any items generated by this office, there will be a \$15 charge for each item replaced. The most frequently lost items include lost lab requisitions, specimen cups, and physicians' orders for testing.