

Financial Policy

The Physicians and staff of Bach & Godofsky Infectious Diseases are committed to providing you with the best possible care. In order to achieve these goals, we need your assistance and understanding of our financial policy.

Health Insurance

If you will be using health insurance, you must present your current insurance card prior to your initial visit. **Your insurance company requires us to collect any applicable co-payments at the time of service.** You will be responsible for all amounts not paid by them, including amounts denied, applied to deductible, or considered non-covered as permitted by your insurance company.

Self-Pay

If you are self-pay, you will be expected to pay the day's charges **prior** to seeing the physician. If it is determined that you require prolonged infusion therapy, one weeks payment will be collected prior to receiving treatment each week.

Patient Responsibility

I understand that I am financially responsible for payment of my medical services to Bach & Godofsky Infectious Diseases regardless of any insurance benefits that I might have. I consent to the treatments considered necessary that will be performed by physicians and employees of the practice. **I understand that I will be charged a \$25.00 cancellation fee for any appointment not cancelled 24 hours prior to the scheduled time.** I understand that I will be charged a \$25.00 fee for any check returned from the bank due to non-sufficient funds.

Billing Statements and Questions

Patients with a personal balance will receive a monthly statement. These statements are due upon receipt. Questions or concerns regarding your account or insurance claim should be directed to our Billing Representative. This highly trained expert has been instructed to make every effort to clarify any issues regarding your account. Please notify us immediately if you feel an error appears on your statement or if you have any questions or concerns. Failure to pay your balance due upon receipt of a statement can lead to your account being turned over to collections.

Insurance Information Authorization

I authorize the release of any medical information necessary to process insurance claims. I further authorize payment of the medical benefits to Bach & Godofsky Infectious Diseases for services provided to me. I permit a copy of this authorization to be used in the place of the original.

Medicare Part B Signature Authorization

I authorize Bach & Godofsky Infectious Diseases to release to the Social Security and Health Care Financing Administration or its intermediaries or carriers, any information needed for this or related Medicare claims. I further authorize payment of Medicare benefits to Bach & Godofsky Infectious Diseases for services provided to me. I permit a copy of this authorization to be used in the place of the original.

I HAVE READ AND COMPLETELY UNDERSTAND THE FINANCIAL POLICY OF BACH & GODOFSKY INFECTIOUS DISEASES.

Signature of Patient and/or Responsible Party

Date