

SCOTT MEDICAL SOLUTIONS

BILLING POLICY & CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

We here at Scott Medical Solutions have made it our goal to provide quality medical care. As we continue to grow, so does the quality of service we provide. In order for us to run our office effectively, we have implemented the following policies.

Billing:

Family Medicine:

SMS will bill your insurance carrier for services rendered at this facility as a courtesy to you. You must provide us your correct billing information and any additional information if your insurance carrier changes. You are responsible for all co-pays, co-insurance deductibles and any portion your insurance doesn't pay on your designated insurance plan. Our office will not be responsible for any charges that are billed for services ordered by our office at another facility. If in any event an error occurs in our billing process, we will remedy the problem and resubmit the claim in question. In the event there is a denial of payment due to our office not being provided with the correct billing information by the patient, we will ask for the patient to pay the bill in full and file it with their insurance carrier on their own. We only accept debit card or cash payments at the time of payment.

Occupational Medicine / Other Misc. Services:

Currently, SMS is unable to bill insurance companies for any service other than family medical services. The patient is responsible for all costs incurred for these services, and payment is due at the time of service.

Cancellation Policy:

If an appointment is not canceled at least 24 hours in advance, then you will be subject to a twenty-five dollar (\$25) fee. We also reserve the right to terminate our relationship if three or more missed appointments occur within one calendar year.

PHI:

I hereby give my consent for Scott Medical Solutions to use and disclose protected health information (PHI) about me to carry out treatment, payment, and health care operations.

I have the right to review the Notice of Privacy prior to signing this consent. Scott Medical Solutions reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practice may be obtained by forwarding a written request to Scott Medical Solutions.

With this consent, SMS may contact me or any persons listed as emergency contact by phone, text message, voice message, email, or in person in reference to any items that assist the practice in carrying out TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory test results, among others.

I have the right to request that Scott Medical Solutions restrict how it uses or discloses my PHI to carry out TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS. The practice is not required to agree to my requested restrictions, but if it does, it is bound by agreement.

Signed by: _____ **Date:** _____

Patient or Legal Guardian

Print Patient's Name

Signature of Office Associate