



## Fee Policy

**Appointments: No Shows, Missed Appointments, or Late Cancellations (within two business days) = \$75**  
*I understand that a total of Two No-Shows, or Late Cancellations, will result in termination from the practice.*

**New Patients:** Out-Of-Network or Self Pay: Total Charge or Minimum \$250 Deposit

**Established/Follow-up Patients:** Out-of-Network or Self Pay: Total Charge or Minimum \$150 Deposit

**Self-Pay Patients:** If you have active Medicaid coverage, we are unable to see you in the office as a self-pay patient. By signing this form, the self-pay patient acknowledges that there is no active Medicaid coverage.

*I understand that having more than \$50 in unpaid balance for > 45 days will result in patient termination. All balances not paid within 90 days are automatically sent to a contracted collection agency.*

## Referral Policy

I understand that if a referral is required by my insurance company that I (Patient) am responsible for providing the referral. I understand that if claims are denied due to no referral that I (Patient) am responsible for all payments due.

**Patient Termination Policy: The following actions will result in the patient's termination from the practice.**

- Threatening, violent, disruptive, abusive, rude, or offensive behavior directed at the physician or staff.
- Failure to meet financial obligations to Monarch Endocrinology, PLLC regarding care provided or to cooperate with payment processes consistent with payment policies, such as having more than \$50 unpaid balance for > 45 days.
  - Repeated non-compliance with therapies or treatments essential to the patient's safety as deemed medically necessary.
- Attempts by the patient to use the relationship to obtain medications illegally or improperly for non-therapeutic purposes, abuse of controlled substances or medications/supplies, and lab orders.
- The physician or his/her designee identifies a patient with whom the physician-patient relationship has been affected negatively or is no longer therapeutic.
- A breakdown of the physician-patient relationship in the sole discretion of the Practice.
- Any other reason at the sole discretion of the Practice.

## SMS, Email Consent and Voice Mail

I hereby consent and state my preference to have my physicians/providers, including Dr. Pamela Ohri Zizzamia DO, and other staff at Monarch Endocrinology PLLC, communicate with me by email, voice mail or standard SMS messaging regarding various aspects of my medical care, which may include but shall not be limited to, test results, prescriptions, appointments, and billing. I understand that email, voice mail and standard SMS messaging are not confidential methods of communication and may be insecure. I further understand that, because of this, there is a risk that communication may be able to be read by a third party. Pamela Ohri Zizzamia DO and Monarch Endocrinology PLLC shall not be liable if email and standard SMS messaging, or voice mail regarding my medical care is intercepted and read by a third party.

## Credit Card-on-File

- We **require** all patients to keep a credit card on file to make the checkout process easier, faster, and more efficient. You will no longer receive statements from us. Still, you will continue to receive your Explanation of Benefits (EOB) from your insurance carrier once your claim has been processed, detailing the charges and payments made on your behalf.
- Scan the credit card of your choice, including a Flexible Spending Account (FSA) or Health Savings Account (HSA).
  - After your insurance has paid their portion, we will notify you via email of the balance owed. You will be charged the balance owed to your card on file and emailed a receipt for the charge. This helps streamline your payment, and reduce paperwork.
- Your credit card information will always be fully protected by our off-site card-processing partner, and not on our computers, as industry standards require (Payment Card Industry Data Security Standard – PCI-DSS).

*By my signature, I acknowledge that I have read, understand, and agree to the policies and procedures defined in this document.*

Sign \_\_\_\_\_ Name \_\_\_\_\_ Today's Date \_\_\_\_\_