

Drs. Miller & Madden, P.A.
1011 Frederick Road
Catonsville, MD 21228
FINANCIAL/OFFICE POLICIES
(Effective 6/1/2025)

Welcome to our practice. We are pleased that you have chosen us to care for your children. Please take a moment to review and sign our office policies.

INSURANCE PARTICIPATION:

We participate with most major insurance carriers. **As a courtesy**, we will submit claims to all insurance companies with which we participate. **If you do not have health insurance or if we do not participate with your insurance plan, payment in full is expected when services are rendered.** For your convenience, payment will be accepted in the form of cash, personal check or credit card (3.5% convenience fee). If you have a deductible, your insurance company will be billed and once we are notified of your responsibility, you will receive a bill from our office. Any bill not paid within 30 days will receive a \$10 late charge per month to defray the cost of billing multiple times. **Any outstanding balance on your account must be paid at the time of service. Any account not paid within 90 days will be sent to a collection's agency.**

COPAYMENTS:

Most insurance companies require a copay, which is **due at the time of service**. If for any reason your copay is not paid at the time of your visit and is not received prior to the next billing cycle, a \$10 service charge will be added to your account to cover the cost of billing.

CHARGE FOR MEDICAL RECORDS:

For a fee of \$15.00, along with your written request, we will provide you or another medical provider with a copy of your child's medical record, including immunization records, growth charts, and problem lists. If an extensive medical record requires copying, charges will apply in accordance with Maryland State Law (currently \$0.76/page plus postage). We will make every attempt to have medical records copied within 5 days of your written request.

REFERRALS/MEDICATION REFILLS:

Our office must be given a minimum of 5 days to process referrals to specialists. In no instance will we "backdate" a referral for a visit that has already occurred. You are responsible for knowing whether your insurance requires referrals. In order to complete referrals, we must have your current insurance information, the specialists name, phone and fax number, your appointment date and reason for the referral (diagnosis). Although our office makes every attempt to call in medication refill requests to pharmacies within 24 hours, please give us 3 days notice when you need refills. When you call in your request, please provide the name and current dosage for the medication and whether you fill 30 or 90 days.

SCHOOL FORMS:

A form fee of \$25.00/per child per calendar year will be charged to complete any school/sports/camp/daycare forms. We will make every attempt to have school forms completed within 5-7 business days. Please let us know if you want your completed forms emailed. If your forms need to be mailed, you must **provide us with a self-addressed, stamped envelope**. Otherwise, your completed forms will be retained in our office for up to 2 months until you pick them up. Copies of forms are **not** retained on your child's medical record. If for any reason you require your forms to be expedited (completed in less than the customary 5-7 days and prioritized before other patients. forms), you will be charged an expedited forms fee of \$40.

MISSED APPOINTMENT AND RETURNED CHECK FEES:

Accounts will be charged \$50 for failure to give 24 hours' notice to cancel an appointment and \$25 for any returned check due to insufficient funds. In the case of a returned check, any future balance must be paid by cash or credit card.

Names of Patients: _____

Signed: _____ **Date:** _____