



Sivam Diabetes & Primary Care, LLC
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FINANCIAL POLICY

Sivam Diabetes & Primary Care LLC (SDPC) appreciates the opportunity to provide your care. This document constitutes our policy with regard to fees and reimbursements for services rendered. It is provided as a service to ensure you have adequate knowledge regarding your financial obligations as it relates to the care provided by SDPC. It is ultimately your responsibility to understand and comply with the terms of your insurance coverage and determine your level of benefit coverage as delineated by your insurance policy.

NOTIFY US OF ANY CHANGES TO YOUR INSURANCE COVERAGE

You are responsible for notifying the office of any changes in your insurance policy and presenting the correct insurance card at the time of service. Failure to present the correct insurance information at the time of service could result in you having to pay "out of pocket" for services rendered in full. For your convenience, we accept cash, check, Visa, MasterCard, Discover and American Express.

PARTICIPATING PROVIDER AND COVERED BENEFITS

If SDPC is a participating provider with your primary insurance and services requested are covered benefits, we will bill your insurance directly. Co-payments and fees for non-covered services must be paid at the time service is rendered. Deductibles and coinsurance may be assessed at the time of your appointment. Any balances left to your responsibility must be paid in full within 30 days.

TIME OF SERVICE PAYMENTS

- Co-pays, co-insurance, and deductibles
- Any balances past 30 days.
- Self-pay patients.
- Service such as labs and diagnostic test are not included in this charge.

NON-PARTICIPATING PROVIDER AND/OR NON-COVERED BENEFITS

If SDPC is not a participating provider with your insurance carrier, or the services to be rendered are not covered benefits, then we require full payment at the time a service is rendered or after your insurance company processes the claim. It is your responsibility to know what your insurance company covers and does not cover under your policy. If you receive any service that is deemed "noncovered" under your insurance policy, you will be responsible for the full cost. You are responsible for notifying our office prior to a procedure being done if it requires precertification or a referral. Obtaining benefits information or precertification from your insurance company never guarantees that a service will be covered. You are responsible for any balances not paid by your insurance company.

MEDICARE

Medicare will only cover a screening Pap smear and/or Breast Exam once every 24 months for low- risk beneficiaries and once every year for high- risk beneficiaries, and it does not cover all recommended vaccines for adults. You will be required to sign an "ABN" form for (non-covered service) if you choose to have these services or have them more frequently than your benefit allows.

If you are new to Medicare (within the first 12 months of coverage), you may be eligible for additional covered services and should let the front desk know this at the time the appointment is scheduled.

MISSED APPOINTMENT FEE:

Sivam Diabetes & Primary Care will begin to charge patients when they do not present for scheduled appointments. Failure to cancel or re-schedule the appointment within 24 hours of the scheduled appointment time will result in a \$25 fee for a missed appointment.

FORM COMPLETION FEE:

We are happy to complete routine forms for sports pre-participation, camps, college entrance, etc. as long as these forms are presented at the time of a well-child check or preventive exam. Forms not present at the time of the visit, or forms requiring extensive provider time for completion such as disability or motor vehicle accident forms, may incur a fee of up to \$10 which must be paid before the completed form will be released..

MEDICAL RECORDS

A copy of your medical records created by SDPC will be released only with your expressed written consent after completing the appropriate HIPAA compliant form. According to New Jersey State regulations (NJAC8:43G-15-3), a copying fee of \$1.00 per page for the first 100 pages and \$0.25 per page thereafter, up to a maximum of \$200.00, will be charged. All fees must be paid before copies of records will be released.

You can view, download, and send to third parties the most important portions of your medical record at any time **for free using our Patient Portal.** Ask the front desk for instructions on how to enroll.

NON-SUFFICIENT FUNDS

Any check returned for non-sufficient funds, or a closed account will be assessed a \$30.00 processing fee. You will be responsible for all the costs incurred by SDPC in our effort to obtain reimbursement for services provided.

COLLECTIONS:

Failure to pay your full balance within the guidelines set up by SDPC will result in your account being turned over to collections. Accounts referred to collections or an attorney may be subject to a collection fee of 25%, which will be added to the total balance. Payment in full is required prior to scheduling any future appointments. Failure to pay your balance in full which includes collection fees may result in you being terminated as a patient of the practice.

I have read and understand my obligations under the financial policy. These policies will remain in effect for as long as you are a patient of the practice or until our policies change and you are asked to sign an updated form.

Patient Name (please print) _____ **Date of Birth:** _____

Signature: _____ **Today's Date:** _____

