

# ANNAPOLIS INTERNAL MEDICINE, LLC

## Business Office Disclosure and Financial Policy

Version 05.2026 – Effective May 25<sup>th</sup>, 2026

Thank you for choosing Annapolis Internal Medicine (“AIM”) as your healthcare provider. This form explains our financial policies, billing procedures, and your responsibilities as a patient. Please read it carefully. We are available to discuss our professional fees at any time. This policy must be provided to you each year or whenever our policies change. A signature of receipt and acknowledgement is required. This policy should be read together with our separately provided HIPAA Notice of Privacy Practices.

### PROVIDE ACCURATE INFORMATION

You are responsible for providing accurate and complete information regarding your demographics, health insurance, and health history. If any information changes – including your name, address, phone number, email, or insurance coverage – please notify us immediately. Insurance denials resulting from billing errors caused by patient-supplied information will be the patient’s financial responsibility.

### UNDERSTAND YOUR INSURANCE COVERAGE AND BENEFITS

Your healthcare contract is between you and your insurance carrier. You are responsible for understanding your coverage, benefits, limitations, and exclusions. You are responsible for any charges not covered by your plan.

### INSURANCE PLANS

Our providers participate with Medicare, Medicaid, Priority Partners, Wellpoint (formerly Amerigroup), and most commercial insurance plans. “Participation” means we have a contractual agreement with your insurer. We will submit claims on your behalf and await payment, less any copayments or deductibles that are your responsibility. Copayments are due at time of service.

If you have a managed care or HMO plan for primary care services and we are not listed as your primary care provider on your insurance card, you must provide a referral from the listed provider or you may be asked to reschedule. If you wish to proceed without a required referral, you will be asked to sign a waiver and will be personally responsible for all charges.

If we do not participate with your insurance, we will submit a claim as a courtesy; however, you will be asked to pay in full at the time of service. If your insurer remits payment directly to our office, we will refund any amount due to you within ten (10) business days.

### SELF-PAY ACCOUNTS AND GOOD FAITH ESTIMATES

Self-pay accounts are patients without insurance coverage. AIM offers a time-of-service discount on evaluation and management services (excludes vaccines and testing) when payment is received on the date of service. If you are unable to pay in full at the time of service, the discount is forfeited and you will be billed for the full amount.

#### YOUR RIGHT TO A GOOD FAITH ESTIMATE (Federal No Surprises Act)

Under the No Surprises Act (effective January 1, 2022), uninsured and self-pay patients have the right to receive a written Good Faith Estimate (GFE) of expected charges before receiving care. Self-pay fee schedules are posted on our website. A written GFE is available upon request at any time — please ask our front desk and one will be printed for you.

*If your bill exceeds the GFE by more than \$400, you may dispute the charges through the federal Patient-Provider Dispute Resolution process within 120 days of receiving the bill. For more information: [cms.gov/nosurprises](https://www.cms.gov/nosurprises)*

### WORKERS’ COMPENSATION

If you are injured on the job, your visits should be covered under your employer’s workers’ compensation insurance. You must report your injury to your employer as soon as possible. We will submit claims to the workers’ compensation carrier; however, you must provide your employer’s name, workers’ compensation insurance carrier name and contact

information, date of injury, claim number, and adjuster's name and telephone number. Failure to provide this information may result in claim denial and transfer of the balance to your financial responsibility.

## **MOTOR VEHICLE ACCIDENT / PERSONAL INJURY PROTECTION (MVA/MVC)**

Our office does not accept third-party payment or an attorney lien for claims related to a motor vehicle accident. Payment for MVA/MVC-related services is expected at the time of service. We will provide a detailed receipt so that you may submit a claim to your auto insurer for reimbursement. We do not offer discounts for MVA/MVC-related visits.

## **LAB AND DIAGNOSTIC TESTING**

Your insurance may require you to use a specific lab or radiology group. We will make every effort to direct you to a participating facility. If you choose a non-participating provider, you may be financially responsible for those charges. The laboratory may ask you to complete additional forms acknowledging your potential financial responsibility.

## **MISCELLANEOUS SERVICES AND FEES**

The following services may incur a charge. Where possible, we will submit charges to your insurer as a courtesy; however, if your insurer denies payment, the balance may become your responsibility.

### **1) Telephone, Video, and Email Consultations**

- a. The patient or authorized caregiver must initiate the request.
- b. No charge if the issue results in an office, urgent care, or ER visit by the end of the next business day.
- c. Base fees: Telephone consultation – \$50 (avg. 5–10 min); Video visit – \$85 established patients / \$125 new patients; Email consultation – \$25.

### **2) Form Completion Fees**

- MVA parking permit form – \$30
- FMLA form – \$75
- Childcare clearance form – \$25
- Other forms (college, employer, etc.) – \$40; Complex forms (disability, legal documentation, etc.) – \$60

## **MEDICAL RECORDS**

Annapolis Internal Medicine uses a HIPAA-compliant third-party vendor to process all medical records requests. Patients, authorized representatives, and third parties (such as attorneys or insurers) should submit requests through our vendor's portal, accessible via our website or by asking our front desk for the link. Applicable timeframes and any fees are disclosed during the request process and are payable directly to the vendor. AIM does not charge separately for medical records.

## **METHODS OF PAYMENT AND RETURNED CHECK FEE**

We accept Cash, Check, Visa, MasterCard, Discover, and American Express. A \$35.00 fee is charged for any returned/dishonored check.

## **CANCELLATION POLICY**

We require at least 24 hours' advance notice to cancel an appointment. Appointments made within two (2) business days of the scheduled visit are not confirmed by our office. Failure to cancel with adequate notice may result in a missed visit fee of \$50.00. Missed physical, wellness, or vascular study appointments are subject to a \$100.00 fee. We recognize that emergencies occur and review fees on a case-by-case basis. This policy minimizes wait times and ensures availability for all patients.

## **BILLING STATEMENTS**

Statements are sent (paper or electronic, per your preference) once the insurer has processed your claim. We issue statements every 30 days for up to three billing cycles. If you do not dispute the balance in writing within 30 days of receiving a statement, the balance is considered valid. If no payment, payment arrangement, or hardship letter is received after three billing cycles, your account may be forwarded to a collections agency. Balances under \$5.00 will be noted at your next check-in rather than by statement.

## REFUNDS

If a refund is due and you originally paid by credit or debit card, we will attempt to refund the original payment method. We do not retain your full card data; only the last four digits are accessible to our system. To request a refund by paper check, contact our Billing Office at (410) 897-9841, option 3, then asking the Virtual Agent for the Billing Department.

## TREATMENT OF MINORS

The parent(s) or legal guardian is responsible for full payment and will receive billing statements. A signed release is required to treat an unaccompanied minor.

## COMMERCIAL PREVENTIVE EXAMS

Most commercial insurance plans cover a preventive exam every one to two years, sometimes without a copayment. However, an office visit charge (with copayment or coinsurance) may apply if a new or acute issue is discussed, a chronic problem is re-evaluated and treated, a special test is ordered, or a specialist referral is created. Please speak with your doctor or our billing office if you have questions.

## ANNUAL MEDICARE WELLNESS EXAMS

Medicare covers your Annual Wellness Visit with no coinsurance or deductible. If you receive additional services during the visit (e.g., evaluation and management of an existing or new problem, procedures, or tests), those services will be billed separately and may be subject to your regular coinsurance and/or deductible. Please speak with your doctor or billing office if you have questions.

## CHRONIC CARE MANAGEMENT SERVICES

As of January 1, 2015, most insurers, including Medicare, cover Chronic Care Management (CCM) services provided by physician practices per calendar month. If you consent to CCM services, your primary care provider at AIM will provide:

- 24/7 access to your care team, including by phone and electronic communication.
- Routine appointments with your designated primary care provider or care team member.
- Care management of your chronic conditions, including preventive care scheduling, medication reconciliation, and medication management oversight.
- A comprehensive, individualized plan of care.
- Care coordination across providers and settings, including referrals, post-ER follow-up, post-discharge follow-up, and coordination with home and community-based providers.

You will receive a copy of your care plan. You may revoke consent at any time, effective at the end of the calendar month. Medicare patients are subject to the standard deductible and coinsurance for physician services. Only one provider per calendar month may bill Medicare for CCM services.

## CONTINUOUS GLUCOSE MONITORING AND REMOTE PATIENT MONITORING

For patients using Continuous Glucose Monitors or Remote Patient Monitors (e.g., blood pressure or other vitals), a monthly fee may be submitted to your insurer for review and analysis of your readings.

## PATIENT PORTAL

Our secure online patient portal allows you to manage personal and insurance information, send non-urgent messages to our staff, manage appointments, review lab results, and pay your bill. We recommend using your pharmacy for prescription refill requests. The portal is not intended to replace an office visit or to address chronic medical conditions and treatment plans at length.

Portal access conditions: More than three (3) cancellations through the portal within a 12-month period may result in portal account suspension. Portal access may also be suspended for rude, threatening, or inappropriate messages to staff, and may result in dismissal from the practice. Portal access may only be restored after management review.

If your portal access is suspended, you may continue to manage appointments and communicate with our office by telephone. Please call our main number for assistance.

## PROVIDERS AND ADVANCED PRACTICE PROVIDERS

Annapolis Internal Medicine is a physician-led practice. Care may be provided by physicians (MD or DO) and Advanced Practice Providers (APPs), including Nurse Practitioners (NPs) and Physician Assistants/Associates (PAs), who are

licensed and credentialed to practice in Maryland. APPs practice in collaboration with our physicians in accordance with Maryland law. If you have a preference regarding your provider, please notify our scheduling team and we will do our best to accommodate your request. Please note that provider availability may affect scheduling options.

## USE OF TECHNOLOGY AND ARTIFICIAL INTELLIGENCE

Annapolis Internal Medicine may use technology-assisted tools, including artificial intelligence (AI)-assisted software, to support administrative and clinical operations. These tools may be used for purposes such as documentation, scheduling, administrative communications, and clinical decision support. All clinical decisions remain the responsibility of your licensed healthcare provider — whether a physician or Advanced Practice Provider. AI-assisted tools do not replace provider judgment, and any clinically relevant output is reviewed by a qualified member of our care team before being acted upon. If you have questions about how technology is used in your care, please ask any member of our staff.

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## ACKNOWLEDGEMENT AND SIGNATURE

I have read, understand, and agree to the Financial Policy above. I understand my financial responsibility for services provided by Annapolis Internal Medicine, LLC, and the courtesy extended to simplify insurance reimbursement. I acknowledge that this policy does not obligate AIM to extend credit to me for services rendered. I understand that my rights under the federal No Surprises Act, including my right to a Good Faith Estimate, have been explained above.

Patient or Authorized Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Patient (if not patient): \_\_\_\_\_

*For Office Use Only*

Staff Initials: \_\_\_\_\_

Date Received: \_\_\_\_\_