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Office and Financial Policies

Effective Date: 03/10/2025

Welcome to Pulmonary & Sleep Associates of South Florida

Thank you for choosing Pulmonary & Sleep Associates of South Florida as your healthcare provider. Our mission is to deliver professional, compassionate, and high-quality pulmonary, critical care and sleep medicine care. To ensure a smooth experience, we have established the following office and financial policies.

Before receiving medical care, you are required to review and sign this policy. A copy is available upon request. We reserve the right to update our policies at any time without prior notice.

Financial Policy

Patient Information and Insurance Verification

To provide the best possible care, we require:

- A valid government-issued photo ID and current insurance card at every visit.
- Your date of birth and social security number to obtain medical and lab records.
- Immediate notification of any insurance changes to ensure accurate claim processing.

If you do not have medical insurance, our staff will provide information on available payment options.

Insurance & Financial Responsibility

We participate with many major insurance plans, but coverage varies. Patients are responsible for:

- Co-pays, deductibles, and co-insurance at the time of service.
- Any non-covered services, as determined by your insurance plan.
- Charges for clerical and administrative services that insurance does not cover.

Out-of-Network Insurance: If you are out-of-network or uninsured, payment is due in full at the time of service.

We can provide a superbill for you to submit to your insurance for reimbursement.

Referrals: If your insurance requires a referral, it is your responsibility to obtain one before your visit. If a referral is not provided, your insurance may not cover the service, making you responsible for full payment.

Secondary Insurance:

- We only file secondary insurance for Medicare Part B.
- If you have any other secondary insurance, you are responsible for submitting claims independently.

Billing & Payment

- All co-pays, deductibles, and outstanding balances must be paid at the time of service.
- Non-covered service balances must be paid within 30 days of an insurance denial or payment.
- Unpaid balances after 90 days will be subject to collections, and additional collection agency fees may apply (up to 50% of the balance).

Payment Options

We accept:

- Debit/Credit Cards (Visa, MasterCard, American Express)
- Checks (subject to a \$40 fee for insufficient funds)
- Cash

Appointment and Office Policies

Arrival & Late Arrivals

- Patients must arrive 15 minutes before their appointment.



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- If you arrive more than 15 minutes late, you may be asked to reschedule or experience a longer wait time.

Missed or Cancelled Appointments

- 24-hour advance notice is required for cancellations.
- Missed appointments ("No-Show") or cancellations made with less than 24 hours' notice will be charged a \$50 administrative fee.
- Two consecutive No-Shows may result in discharge from our practice.

Prescription & Refill Policies

- Refills require up to 72 hours to process. Use the patient portal or call your pharmacy for faster service.
- No prescription refills after office hours.
- Patients must follow up as recommended and complete required testing to continue receiving prescription refills.
- Prior authorization requests for medications may take longer depending on insurance approval.

Medical Records & Forms

- Patients can access free digital copies of their medical records via our Athena patient portal.
- Hard copies of medical records require a \$20 service fee.
- Administrative forms (e.g., FMLA, disability forms) require a \$50 fee per form and may take up to 5-10 business days to process.

Office Hours & Emergency Policy

Office Hours

Monday – Friday: 9:00 AM – 4:30 PM

After-Hours Emergencies

For urgent medical emergencies, call 911 or go to the nearest hospital.

For non-emergent concerns, leave a message with your name and phone number, and our on-call physician will contact you if necessary.

Dismissal from Practice

We reserve the right to dismiss patients from our practice for:

- Threatening or abusive behavior toward staff or providers.
- Repeated No-Shows or failure to follow up on medical recommendations.
- Failure to complete requested testing or keep regular follow-up appointments.

Acknowledgment & Consent

By signing this document, you acknowledge that you:

- Have read and understand the above policies.
- Accept financial responsibility for any non-covered services or unpaid balances.
- Agree to comply with office policies regarding appointments, billing, and prescription management.

This authorization remains valid unless revoked in writing. A copy of this document is available upon request.

PATIENT NAME: _____.

SIGNATURE and DATE: _____.