

# *Comprehensive Sleep Center & Pulmonary Practice*

*Vijay Pethkar, M.D. FCCP*

*Phone: 615-758-9273*

## **FINANCIAL POLICY**

We are pleased to welcome you to our facility. We hope that your visit will be a pleasant one. These financial policies have been developed in an effort to remove any misunderstanding that may arise regarding a patient's account. These policies are also designed in an effort to enable us to continue providing patient care in a cost effective manner. If you have any questions or do not understand any of these policies, please feel free to ask one of our patient billing representatives.

## **REGISTRATION & CHECK IN**

Occasionally we may ask to see your insurance card to verify coverage and that there have been no changes to your insurance. We ask that you contact us as soon as possible with any changes in your billing information such as: address, phone number and insurance updates. We may ask you to update your demographics page if there have been any changes in information.

## **PAYMENT FOR SERVICES**

For your convenience, we accept cash, personal checks, Visa and MasterCard. In addition, if you have health insurance, we will gladly file a claim with your health insurance company. We will collect any applicable co-payments or outstanding balances at check in for your appointment. You will be responsible for all amounts approved but not paid by the insurance company including amounts denied for non-covered services and deductibles.

## **SELF PAY**

If you are self -pay, you will be expected to pay the day's charges on the day of the service.

## **PAST DUE ACCOUNTS**

Our office does not currently charge interest on past due accounts. Therefore, we expect a satisfactory and timely payment or payment arrangement on past due account balances. Our patient account representative will be happy to meet with you to arrange a payment plan should you need one. Seriously past due accounts – those older than 90 days or those failing to honor agreed-upon payment terms – will be sent to a collection agency. If your account is sent to a collection agency you must pay all past due amounts before subsequent appointments can be scheduled. Additionally, you can be dismissed from our practice for financial matters and will have to seek healthcare elsewhere.

## **BILLING QUESTIONS**

Questions or concerns regarding your account or insurance claim should be directed to our Patient Billing Services Department. Please notify us immediately if you have any questions or concerns regarding your account.

## **CANCELLATION POLICY**

Please give at last a 24-hour notice (one business day) if you will not be able to keep your appointment. Failure to contact us can result in a \$25 charge, which is not paid by your insurance company.

**Thank you for allowing us the opportunity to serve you.**

I hereby acknowledge that I have received a copy of Vijay Pethkar, M.D.'s Financial Policy.

\_\_\_\_\_  
Signature of Patient/Representative

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date