

Sudarsan R. Kamisetty, MD, PA

Patient's Name: _____

681 W. Lumsden Rd, Brandon, FL, 33511 Date of Birth: _____

Financial and Office Policy

Our goal is to provide and maintain a good provider-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. Please read carefully and initial.

BASIC POLICY: Pay for service is due in full at the time service is provided in our office.

FOR PATIENTS WITH INSURANCE: According to your insurance plan, you are responsible for any and all co-pays, deductibles, and co insurances. Co-pays are due at the time of service. A \$15.00 service fee will be charged in addition to your co-pay if not paid at the time of service. It is your responsibility to keep us updated with your insurance information. It is your responsibility to understand your benefit plan. If an insurance carrier has not paid within 60 days of billing, professional fees are due and payable in full from you. Patient balances are billed monthly, we ask that you pay your statement balance after receiving your first statement. A \$15.00 fee will be assessed on all balance over 60 days old. If previous arrangements have not been made with our billing department, any account balances over 90 days old will be forwarded to collection agency and all collection agency and all collections expenses will become your responsibility. For scheduled appointments, any outstanding balances are expected to make payment at the time of service.

SELF-PAY PATIENTS are expected to pay for services in full at the time of visit.

NON-COVERED SERVICES: Any service not covered by your existing insurance will require payment in full at the time of service.

MISSED APPOINTMENTS In fairness to other patients and the doctor, we require at least 24 hours notice to cancel appointments. You may be charged fee of \$20.00 for missed appointments or dismissed from the practice.

WALK-INS We recommend that you schedule on appointment to keep consistent flow and avoid longer wait. If you do walk-in with-out appointment, it is not guaranteed that you will be seen or you might be asked to schedule an appointment for a later time.

FORMS: There is no charge for shot record and physical form given at the time of your child's visit, this service is included. However, should you lose your form, there will be a \$3.00 fee for each time requested above and beyond your visit.

Forms via Fax: There will be a fee of \$5.00 for any form to be faxed and payment is due at the time of request over the phone. Any additional school, camp, or sports forms are subject to a \$25.00 fat fee. We require a 48 hour turnaround time.

FMLA forms have a fee of \$50.00 and we request 2 weeks turnaround time. Payment is due at the time your request.

PATIENT REFUNDS: If your account has credit after claim processed by your health insurance, you have an option of using for your child's future visits or may request a refund issued to you. Please note that there will be a nominal admin fee withheld by the office before issuing refund to you.

REFERRALS: Advance notice is needed for all non-emergent referrals, typically 2 business days. It is your responsibility to know if a selected specialist participates with your insurance.

MEDICAL RECORDS: Copying of medical record are available with a \$5.00 flat fee plus \$1.00 per pages 1-25 and 50.50 for pages 26 and over.

PRESCRIPTION REFILIS: For monthly medication refills, we require 48 hours' notice, during regular business hours. Please plan accordingly.

I have read and understand this office policy and agree to comply and accept the responsibility for any payment that becomes due as outlined in this document.

Parent name: _____

Signature: _____

Date: _____