

Marianne W. Rosen, M.D.

FINANCIAL POLICY

We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive you maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

Payment for services is due at the time that services are rendered unless payment arrangements have been approved in advance. Necessary information will be supplied to you to enable you to file your insurance for other plans. Deductibles and co-payments will be collected at the time service is rendered. We accept cash, check, Mastercard and Visa. We will be happy to file your insurance claim for reimbursement and in most cases we accept assignment of insurance benefits. Returned checks are subject to a \$35.00 return check fee.

YOU MUST REALIZE HOWEVER, THAT:

- Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
- Not all services are a covered benefit on all contracts. Some insurance companies arbitrarily select certain services they will not cover.
- If you are covered by and HMO, you are required to have an approval (in hand or faxed to our office) provided by your primary care physician. This authorization is **needed on the day of your visit** for your services to be covered by your HMO. Some HMO's require authorization for test(s) the doctor may order. **You** are required to ensure that the authorization has been obtained BEFORE the test(s) are performed.
- If your insurance company requires that tests (i.e. lab test, cultures, pathology specimens, etc.) be sent or performed at a certain hospital/lab, it is **your** responsibility to inform us of that at the time these tests are performed or ordered. Otherwise; Dr. Rosen will order tests or send specimens to the hospitals/labs of her choice.

We must emphasize that as a medical care provider, our relationship is with you, not your insurance company or any other third party that may be involved such as an attorney and/ or a liability insurance carrier. While the filing of insurance claims is a courtesy that we extend to our patients, all fees are ultimately the patient's responsibility to pay.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. We are here to help you.

PATIENT'S SIGNATURE: _____ DATE: _____
(PARENT IF MINOR)