



OFFICE, FINANCIAL AND HIPAA POLICIES ACKNOWLEDGEMENT (REVISED 10/29/14)

Welcome to Respiratory Medicine Consultants. RMC's main goal is to provide the best quality of care for their patients. The doctors or staff of RMC will not perform any services that they do not feel are reasonable or necessary for your wellbeing. We will strive to make your visits to our office as comfortable as possible. Please read and sign these policies before your treatment so that you will have a better understanding of our office policies.

Please Note: Your first visit is to determine if our practice is a good fit for both you and the practice. You will not be a patient of RMC until that determination is made.

Payment in Full is due at the time services are rendered. We accept cash, checks and credit cards. All non-cash transactions and/or services that are to be filed to insurance require a legal form of picture identification (driver's license, state identification card, passport) and your social security number. RMC will file your claim to those insurance companies with whom we have current contracts.

There is a **\$50.00 charge** on all **Returned Checks** and we do not accept post-dated checks. We reserve the right to charge 10% per annum interest on all unpaid debts. You may be assessed a cancellation fee of \$100 for any appointment not cancelled at least 24 hours in advance.

Insurance Contracts obligate your physician to collect co-pay, deductible, or co-insurance amounts from you. As a courtesy, this office attempts to verify your insurance benefits prior to any services you may receive. The information we receive is not a guarantee of payment, and you are ultimately responsible for knowing your plan benefits, network status, and requirements and are therefore responsible for any and all co-pays, deductibles, co-insurance and non-covered services, as identified on the explanation of benefits we receive from your insurance plan. Failure to pay your portion of the bill may result in additional fees, interest charges and/or collection charges. It is your responsibility to notify RMC of any change in insurance coverage. Failure to provide this office with current insurance information at the time of service may result in you being held responsible for the full amount of the charges due to the claims filing deadlines required by your insurance which are typically 90 days or less.

Many insurance plans require prior-authorizations for certain tests, referrals, ER visits, and/or treatment. These must be obtained prior to treatment. Without the proper authorization, your insurance may refuse to pay, and you will be responsible for all charges. It is the patient's responsibility to provide RMC with any required referrals.

You may opt out of using your insurance, and ask us not to send your personal health information to the insurance company; in that case, you will be personally responsible for all charges, in full.

Prescription Refills: For your convenience and safety, **prescriptions** are issued during office hours only. If you take medication for a chronic condition, you are required to see the physician on a regular basis. It is your responsibility to plan ahead, so that you do not run out of your medications.



Hearing-impaired patients: As per Title III of the Americans with Disabilities Act, this office recognizes its responsibility to reasonably accommodate the needs of our hearing-impaired patients. If you prefer that ASL be used when communicating with you, we encourage you to bring a friend or family member of suitable age and educational level (we cannot use a minor under (age) in this regard) who is conversant in ASL to your appointment. If none is available, or if you prefer to be unaccompanied during the consultation, we will use a whiteboard/a computer keyboard and monitor. If communication in writing proves insufficient then this office will obtain an interpreter/arrange for a video link to an interpreter. We value having you as our patient and want to work with you to facilitate the communication needed for your best care and we appreciate your cooperation in this process.

Communication: Please contact us if you have any questions, or if you have healthcare needs that we might be able to assist. If there is a medical emergency, call 911. We recommend that if you need treatment for any acute illness or need refills for medications, you make an appointment to see the physician.

Email: For general questions, appointments, administrative questions, or if you have an issue regarding your account or insurance, we are happy to communicate by email. Current patients who wish to communicate with Dr Haber regarding their care may email him or our staff. We do NOT respond to any acute illness or medication refill requests on our email system. Email responses may take up to one business day and are not appropriate for use in an emergency. Please note that a service provider might delay message delivery. **Should you require urgent or immediate attention, this medium is not appropriate.** When sending email, please put the purpose of your message in the subject line so we can process it more efficiently. Also, be sure to put your full name, date of birth, and return telephone number in the body of the message. Use of email to communicate with RMC staff and physicians is considered tacit acceptance of the use of email by RMC staff and physicians to communicate with you. Provision of an email address to our staff is also considered tacit acceptance of email communication by RMC staff and physicians. We also have a release form that should be used if you wish us to communicate PHI to you by email. Please ask for it at the front1 desk.

Although RMC uses secure, HIPAA compliant email systems and is dedicated to keeping your Private Health Information confidential, third parties may have access to email messages despite our best efforts. You should be aware that some companies consider email corporate property and your messages may be monitored if you communicate from work. Even when emailing from home, you may feel that access to your email is not well controlled, so you should take that into consideration. This office is not responsible for information loss or delay, or for breaches in confidentiality that are due to technical or other factors beyond our control.

If your email server is not capable of receiving securely transmitted email, you will be redirected to the Luxsci server. You will have to authenticate your email and create a password. Keep this password in a safe place; this will remain your password as long as you use the same email account.

Communication with family members: Due to HIPAA regulations, we are unable to communicate with family members about your medical care unless we have a signed release form. Feel free to download a copy of our Release of Information form and fill out one for each member you wish to be involved in your care. We also have a form in our new patient packets that allows you to designate certain family members to be recipients of your personal health information. If you have not filled one out, please ask at the front desk.



Office and Financial Policies Acknowledgement

I, _____, have received a copy of RMC's Office, Financial and HIPAA policies.

I hereby assign the benefits from any insurance or third party to Respiratory Medicine Consultants for medical services provided to me. I understand that Respiratory Medicine Consultants has the right to decline or accept assignment of such benefits. If these benefits are not assigned to Respiratory Medicine Consultants, I agree to forward to the practice, upon receipt, any insurance or third-party payments I receive for services rendered to me.

Print Name: _____

Signature: _____

Date: _____