

**THE ORENTREICH MEDICAL GROUP FINANCIAL POLICY**

We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, our financial policy, or your financial responsibility.

- Full payment is due at the time of service.
- We accept cash, checks, MasterCard, Visa, Discover, American Express and debit cards.
- Failure to cancel your appointment more than 48 hours prior will result in a "missed visit" fee
- When you pay at the time of service, you will be given an itemized bill to attach to your insurance claim form.

Since there are so many factors beyond our control, it is not possible to predetermine, or even guess at, insurance reimbursement. If this poses a potential problem, we strongly advise you to consult with your insurance carrier prior to treatment. Please note that insurance reimbursements may be less than our charge (or no reimbursement at all), depending on factors such as:

- Your insurance contract:  
1) what is covered 2) general exclusions 3) specific exclusions 4) deductibles
- Your insurer's data of typical charges which may be geographically determined.
- Availability of the procedure; procedures not widely performed could be excluded.
- Medical necessity as determined by the insurer.

**MEDICARE INSURANCE:** As participating providers under the Medicare Part B Program, we accept assignment only for those services covered and reimbursable by Medicare. If you are covered by the Medicare Part B program, you will not have to pay us on the date of service for Medicare reimbursable procedures. Payment in full, however, is required from you at the time of service for cosmetic procedures and medications (Medicare does not cover any self-administered medications.) Upon receipt of the "Explanation of Medicare Benefits", you will be responsible for payment of the co-insurance and/or deductible amounts as indicated on the "Explanation of Medicare Benefits". You will also be responsible for payment of those procedures or treatments not deemed "medically necessary" by Medicare under Medicare guidelines, and you will be billed accordingly.

**MEDICARE HMO and MEDICARE ADVANTAGE INSURANCE:** As OMG is not a participating provider under any Medicare HMO or Medicare Advantage plan, patients who elect to join a Medicare HMO or Medicare Advantage plan must pay to OMG the Medicare chargeable rate for medical services, as well as payment in full for cosmetic procedures and medications.

**COMMERCIAL INSURANCE:** The OMG Patient Insurance Department is available to assist you in obtaining appropriate reimbursement from your insurance carrier. We will not, however, become involved in disputes between you and your insurance company regarding such things as covered charges, secondary insurance, or "usual and customary" charges except to supply factual information.

Thank you for taking the time to review our policies. Please let us know if you have any questions or special concerns. Please sign below to verify that you have read and understand our financial policy.

PATIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_