



Desai Medical Center

3290 N. Ridge Rd., Suite 100

Ellicott City, MD 21043

P (410) 313-9292 F (410) 313-9293

E drdesai@desaimedicalcenter.com

Financial Policy

Thank you for choosing Desai Medical Center as your primary care provider. In order to provide the best health services possible, it is the policy of this office to receive payment when services have been rendered. To help avoid any misunderstandings, please review the details of our financial policy below.

Insurance

If you are insured by a commercial or federal insurance plan we participate with, any applicable copay, coinsurance, or deductible is due at the time of service. We reserve the right to collect these fee's upfront.

If you are not insured by a plan we participate with, payment in full, as per our office's Self-Pay Rates is expected at the time of service.

If we do accept your plan but are not able to verify coverage at the time of service, payment in full, as per our office's Self-Pay Rates is expected at the time of service.

Please be aware that some services may not be covered under some insurance policies. It is the patient's responsibility to know their covered benefits and any uncovered service is the patient's responsibility to pay. If you have any questions regarding your insurance coverage or benefits, please contact your insurance company.

Copays, Deductibles, and Coinsurances

All copays must be paid at the time of service.

Effective 2017, deductibles and coinsurances will be estimated and collected at the time of service. If you are unable to pay your estimated benefits at the time of service, they will be billed to you.

Please note that copays, deductibles, and coinsurances are contractual obligations between the patient and their insurance company. Asking your physician's office to absorb these costs is considered fraud. Please help us in upholding the law by paying your contractually obligated charges when they are due.

Outside Medical Services

If you need medical services outside of our office such as at a lab or radiology center, it is your responsibility to make sure that services are rendered at an in-network facility. If you have any questions regarding your network coverage, please contact your insurance company.

Any billing questions regarding services rendered outside of our office, such as an outside lab, you will need to contact that entity's billing department. If we did not render the services, we do not have access to the billing information.

Referrals

It is the patient's responsibility to obtain all necessary referrals prior to receiving services. All referral requests require an office visit and must be obtained prior to seeking specialist services. We are not obligated to fulfill last minute referral requests and are not responsible for providing referrals if we have not been given any timely notice with the request.

In the event that an insurance claim is denied because of failure to obtain a referral, the fee's for services is the patient's responsibility.



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Change in Information

It is the patient's responsibility to notify our office within a timely manner of any changes in their address, phone number, email address, etc.

If there has been a change in your insurance coverage, it is your responsibility to notify our office within a timely manner so we can make sure your claim is filed to the appropriate payor. Our office will not be held responsible for any unpaid claims due to timely filing, these claims will be the patient's responsibility.

If our office is notified of an insurance change after your insurance's timely filing constraint, you are responsible for the balance of the claim.

Nonpayment

After you have received two statements, your account is considered past due. In the event that your account remains unpaid, we may not be able to continue providing services until payment arrangement have been made to settle the account and you may have to obtain services from the nearest ER.

Please make every effort to remain current in your payments so we can continue providing the best care for your health.

By signing below, I certify that I have read Desai Medical Center's Financial Policy and any questions regarding these policies have been discussed. My signature also certifies my understanding of and agreement to comply with the above policies. I understand it is my responsibility to know my covered benefits prior to receiving services and I am responsible for all charges not paid by my insurance.

Signature

Date

Patient's Last Name, First Name

Date