

OFFICE POLICY ACKNOWLEDGMENT

(Please Sign Below and Return to the Garber Forbess Rheumatology Staff)

Subspecialty Practice Policy

My practice is limited to the diagnosis and management of arthritis and related problems. This is where my expertise lies. Referrals come to me from all over the Southern California area, from all parts of the country and sometimes from outside of the United States. Referrals come from other doctors of all specialties, other patients, the Arthritis Foundation and from universities. I remain active in rheumatology through my general practice, and through teaching, lecturing, attending conferences, publishing, and participating in clinical research.

Your primary medical care should remain with your internist or family doctor. Because I limit my practice to rheumatology, I do not take care of colds, high blood pressure, chest pain, diabetes, or other general medical problems. If you do not have an internist or family doctor, I will be happy to refer you to an excellent primary care physician in your area.

Fees and Payments

We feel our fees are fair and reasonable in light of the quality of care we offer. If you have any questions about our fees, we would be happy to discuss them with you. Please pay for services rendered at the end of your appointment. If full payment is impossible because of an extreme financial hardship, then we expect that this was discussed at the time your appointment was made and a payment schedule arranged. However, please keep in mind that a payment schedule arrangement is reserved for those who are truly needy. At the end of each month, you will receive a statement delineating your outstanding charges.

Insurance Policy

Patients who carry medical insurance should remember that professional services are rendered and charged to the patient and not to the insurance company. Insured patients are expected to take care of the required 20% (or other applicable percentage) of their fees as services are rendered. Cash patients are expected to pay for the services rendered in full, unless other arrangements are made in advance with the front office.

Even though an insurance claim is prepared and filed for you by this office, you will receive a statement each month if your account has a balance due. This office cannot accept responsibility for collection of your insurance claim or for negotiating a settlement on a disputed claim. You are responsible for payment of your

account within the limits of our credit policy. Please contact your insurance company representative or medical plan carrier for a claim form. Fill in your part of the form (usually Part 1 or Part A). The form will be completed by this office when your visit has been completed, and it will be sent in to your insurance company. Your eventual reimbursement will be determined by your insurance carrier.

Medicare and Private Insurance

Regardless of whether you have Medicare or private insurance, and regardless of the nature of that plan, **all patients are responsible for payment of fees directly to us.** As a courtesy and service to you, we will be happy to sign and complete the insurance form you supply at the time you pay your bill. We will also submit the form to your insurance company for you for your reimbursement. If you are entitled to Medicare benefits, we will submit the charges to Medicare for your reimbursement on forms that we have here in the office for that purpose. There will be a nominal fee for insurance paperwork to help defray our costs. Please remember that no insurance plan pays all costs and fees. Most plans include a deductible, and the amount of your reimbursement may be less than the amount of your bill.

Interest on Overdue Accounts

For those patients who are not on Medicare, we will automatically add an interest charge of one percent (1%) per month on amounts which are sixty days overdue. This applies as well to accounts where insurance claims are pending. We are not able to wait more than sixty days for payment from the insurance company, and at that time, we expect payment directly from the patient. Thank you for your cooperation.

I have received a copy of the above office policies of Garber Forbess Rheumatology, and I agree to abide by them.

(Patient's Signature)

(Print Name)

(Date)