FINANCIAL POLICY

I hereby authorize **SLEEP SERVICES OF MARYLAND** to release any information requested with respect to insurance claims and bills as the provider of the service rendered. I hereby authorize payment of insurance benefits directly to SLEEP SERVICES OF MARYLAND. In instances where I receive payment for services from my own insurance carrier, I agree to endorse form of payment made out to SLEEP SERVICES OF MARYLAND.

If your health insurance is covered with Sleep Medicine benefits, we will be happy to bill your insurance. With the provided insurance information, we will verify coverage as a courtesy. However, please note that acceptance of your insurance does not exempt your financial responsibilities and you will be held accountable for any unpaid balances by your plan. **Although we are contracted with most insurance carriers, our services may not be covered by a particular insurance plan. We highly recommend you contact your insurance carrier to verify questions regarding coverage for Sleep Medicine.** Moreover, if you have more than one insurance policy, please do not assume you will not owe anything.

I understand that I am financially responsible for the charges not covered by insurance.

PATIENT FINANCIAL REPONSABILITY

As a courtesy, SLEEP SERVICES OF MARYLAND verifies your benefits with your insurance company. A quote of benefits is not a guarantee of benefits or payment. Your claim will process according to your plan. If your claim processes differently from the benefits we were quoted, the insurance company will side with the plan and will not honor the benefit quote we received.

It is the policy of SLEEP SERVICES OF MARYLAND that payment is due at the time of service. You are accountable for insurance fees (whether it be the copay, deductible, or coinsurance) at the time of your visit.

Please notify our staff if you are part of a program (i.e., Care Program) and/or have a Health Savings Account (HSA) or other benefit program that exempts you from this policy. At the conclusion of your visit(s), you may be billed for any outstanding balances.

If there is a credit on your account, a refund will be issued promptly.

Referrals: Additionally, I understand that if my insurance carrier requires a written referral from my PRIMARY CARE PHYSICIAN, THE STATE OR OTHER ORGANIZATION, I am responsible for obtaining the referral prior to the service.

CANCELLATION & NO SHOW POLICY:

Doctor's Appointments: Late arrivals/Missed appointments/Less Than 24 Hour Notice Once an appointment has been made, please respect the time that has been reserved in our office for you. We make every attempt to give our patient a courtesy call reminding you of your appointment time, but it is your responsibility to make sure you have this information, so you do not miss your appointment. Please note that if you are late for your appointment, you may be asked to reschedule. Please be considerate and call our office as early as possible if you are unable to keep your scheduled appointment. **Missed appointments as well as cancellations less than 24 hours will incur a charge of $50**. This amount shall be paid by your and will not be billed to your insurance company. A bill will be mailed to you with this balance.

Sleep Study Procedures: Due to a large block of time needed for procedures and staffing requirements, cancellations need to be made 24 hours in advance on weeknights and 48 hours in advance on weekends. **Missed appointments as well as failure to cancel within allotted time will result in a $150** fee not covered by your insurance company.

Patient (guardian) Signature: _____ Date: _____

PATIENT RESPONSIBILITIES AND OFFICE POLICIES

Appointments: Upon registration, you will receive courteous reminders via email, text or voice message. Please inform the staff if you have a preference on confirmations.
Medicare Patients: I authorize Sleep Services of Maryland to release medical information about me/patient to the Social Security Administration or its intermediaries for my Medicare claims. I hereby the benefits payable for service to Sleep Services of Maryland.
Prescription History retrieval: I authorize Sleep Services of Maryland to obtain prescription medication history from my health insurance company
Consent to call/text/email: I consent to receive, Phone Calls □ Text Messages □ Emails □
Insurance Policy: It is the patient's responsibility to know your insurance policy and understand your benefits. It is the patient's responsibility to understand your policy benefits and know what is covered and not covered. It is patient's responsibility to inform all insurance changes at the time of service.
Insurance: Patient must present with appropriate insurance information at the time of service, or the patient will be considered self-pay for the full cost of the visit. If any of the above information is missing, the patient will be rescheduled to a later appointment or accept financial responsibility for the visit.
Referrals: I understand that if my insurance carrier requires a written referral from my Primary Care Physician, the state or other organization, I am responsible for obtaining the referral prior to the service.
Copayments: Co-payments must be paid prior to each visit. This is required in terms of your contact with your insurance company. I also understand that if I fail to maintain consistent payments, my account will be referred to a collection agency and/or attorney, and I agree to pay all related collection fees. Forms of copayment accepted are cash, VISA, MasterCard, Discover, American Express or check. Any returned check will be subject to a $50.00 charge. If a payment is not received in a timely manner the account will be forwarded to collection services.
Refills: Prescription refills require 48 hours to be processed. Please call your pharmacy and request that they fax us a refill request or log into the patient portal to request a refill.
Form Fee: There is an additional fee of $25 or more depending on the size for the completion of forms. Forms may require 24-72 hours to complete.
Medical Records: We require a written request to provide medical records to you or your designated healthcare provider/entity. Printing medical records physically is subject to a charge of .75 cents per page or higher consistent with standards set by the Maryland Board of Physicians. Please allow up to 7 business days to have the printed medical records ready for you. We will be happy to fax your medical records to your preferred destination or provide you an encrypted digital copy of your health records free of cost.
Control Substance Prescription Policy: SLEEP SERVICES OF MARYLAND reserves the right to perform a random drug screening test as a condition to prescribing controlled substances. Refusal to random drug screening may lead to denial of prescription for controlled substances. Prescriptions for controlled substances are issued only during appointments and Controlled substances will NOT be refilled early due to misuse.
Credit card on file: We have implemented a credit card on file policy which applies to all Insurances that have a deductible plan. You will be asked for a credit card information at the time you check in. If you do not have a credit card available at the time of your check-in Sleep services of Maryland reserve the right to request an open credit of $250 prior to each visit. This credit will be applied to your balance once an EOB is received from your insurance company.

I have reviewed my patient's rights and responsibilities. I certify that I have read and fully understand the above statements and consent fully and voluntarily to its contents.

Patient (guardian) Signature: _____ Date: _____