

# Sunshine Rheumatology Office Policies and Consent forms signed on the KIOSK.

**Insurance Change:** I CONFIRM THAT MY INSURANCE INFORMATION IS UPDATED WITH SUNSHINE RHEUMATOLOGY AND HAS NOT CHANGED SINCE MY LAST VISIT OR APPOINTMENT.

**Applicable for Infusion/Injection Patients:** I will be **RESPONSIBLE FINANCIALLY** if infusions/injections are denied because of my change in insurance which **I FAILED** to inform.

**HIPAA/Patient Consent Policy : Notice of Privacy Practices Written Agreement:** I have read a copy of Sunshine Rheumatology Notice of Privacy Practices. I understand a written copy will be provided to me at any time upon my request. I understand Sunshine Rheumatology has a link to the Notice of Privacy Practices on the practice website located at <https://www.sunshinerheumatology.com/notice-of-privacy>

**Financial Policy :** As a courtesy to our patients, we will gladly file the forms necessary so that you receive the full benefits of your medical coverage. We ask that you read your insurance policy to be fully aware of any limitations of the benefits provided. If you are concerned about coverage for any of our services, please contact your insurance company prior to your visit. **If your insurance company denies coverage, or we otherwise do not receive payment 60 days from filing your claim, the amount will then become due and payable by you.**

**Remember that your coverage is a contract between you and your insurance company and/or your employer and your insurance company. Although we will make a good faith effort to assist you in obtaining your benefits, we cannot force your insurance company to pay for the services we have provided to you.**

**Financial Arrangements:** Because we realize that every person's financial situation is different, we provide a variety of payment options. For your convenience, we accept all major credit cards and checks. (returned checks will be subject to a \$35 returned check fee). If the check is returned for any reason, you will have 7 days to contact our office and arrange another form of payment.

**Assignment and Release:** I authorize payment to be made directly to Sunshine Rheumatology by my insurance company, and I accept financial responsibility for all services not covered by my insurance. I authorize the release of any medical care information requested by my insurance company. My signature below acknowledges that I have read and understand this information.

**Credit Card on File Policy :** Sunshine Rheumatology is committed to making our billing process as simple and easy as possible. We suggest that all patients provide a credit card on file with our office. We will save your card in a secure, compliant location in your electronic medical record. For security reasons only the last four digits will be visible to our staff. Credit cards on file can be used to pay copays when you are seen in our office. It can also be used to pay outstanding account balances, after your insurance processes your claim.

**Appointments/Cancellations:** We gladly reserve appointment times for you and appreciate that

you have chosen Sunshine Rheumatology for your care. As a courtesy, we will remind you of your appointment by **calling and/or text/emailing** you **2/3** days prior to your scheduled date and time. If we cannot speak to you directly, we will leave a message for you. However, in the event your mailbox is full or your line is busy, our efforts to contact you may be unsuccessful. An appointment is a contract of time reserved for your treatment. We respect our patient's valuable time and we request the same courtesy from our patients. Please extend this courtesy should you need to cancel and/or reschedule your appointment. **We reserve the right to charge \$50 for regular appointments and 75\$ for New patient appointments canceled or broken without advance notice of 2 business days. We also reserve the right to discharge you after 2 NO SHOWS.**

**Late Payment Policy:** If we do not receive payment for the amount listed on your statement within 60 days of the statement date, we will give you a courtesy call reminding you of your outstanding balance. **If our reminder call is not returned within one week with a payment arrangement, a \$35 late payment fee will be charged and another statement will be mailed. Your account becomes delinquent if not paid within 45 days after the date of the original statement. I give Sunshine Rheumatology permission to charge my credit card on file for any patient balance due on my account. If I have insurance coverage, my card will be charged AFTER my insurance has paid their portion.**

**Fibromyalgia Referrals:** Sunshine Rheumatology will continue to accept referrals for Fibromyalgia patients **to evaluate and rule out any underlying autoimmune disease but it's important to note that we will refer Primary Fibromyalgia (without underlying autoimmune disease) patient back to PCP /Psychiatrist for Management.**

**Medication Refills:** We request that patients get their medications refilled at the time of their appointments or, when necessary, to call a prescription into their pharmacy several days in advance of running out of medication. We suggest refilling medications electronically through your pharmacy rather than calling the office. Pharmacy can request us refills electronically. Patients **should have a future appointment and should have seen the physician within the last 3-6 months** and had **appropriate blood work** done to **request refills or it may be denied.**

**Pain Medication:** Sunshine Rheumatology is a Rheumatology office, we do not specialize or prescribe narcotic pain medications on a regular basis. Please see a Pain Management Physician for such medications.

#### **CHARGES FOR PHONE CALLS AND WORK -**

Phone calls more than 5 minutes that involve medical advice or results in medical documentation are charged. If your insurance does not cover calls or non-face-to-face work you will be charged for the doctor's time.

- **45\$ for 5-10 minute phone calls**
- **75\$ for 11-20 minute phone calls**
- **\$100 21-30 minute phone calls**
- **\$130 for >30 minutes for non-face to face work in 1 day including care coordination, reviewing records, speaking to other consultants. This includes review of excessive medical records that require reading, summarizing and typing results into a note lasting greater than 30 minutes.**