

Cornerstone Medical Care of Brandon and Sun City Center
General Office Policies Acknowledgement
Effective January 1, 2015

NOTICE OF PRIVACY PRACTICES

The privacy and security of your medical information is very important to us. By signing this acknowledgement, you confirm that you have received a copy of our notice of privacy practices. It may be updated from time to time, and you are entitled to receive the current version upon request. A copy is also posted in the lobby of our offices and available online on our website at www.cmcbs.com. Telephone calls made to and from our office may be monitored and/or recorded for record-keeping, quality assurance, and training purposes.

MEDICAL INSURANCE POLICY

Though we participate with many medical insurance plans, sometimes those plans do not consider our providers to be in network or the services provided by our office to be covered benefits, so you should always contact your insurance company to confirm whether they will pay. If you have medical insurance, make sure you bring your card to each visit and let us know when it changes. Some visits, procedures, and drugs require prior approval from your insurance company to pay and we will try to work with you and your insurance company to get the approval for the things that your medical professional orders. Make sure you let us know as far in advance as possible because the amount of time the insurance company needs to review your request may be 30 days and in some cases even longer.

CREDIT POLICY

Payment for services that we provide to you are your responsibility, even if you have insurance. If you do not have insurance, we may offer a discount if you pay expected charges in advance. Some amounts may be due at or before your visit and other amounts may be due later. We will let you know of any co-payments, deductibles, or other charges that you are expected to pay before, at, and after your visit. Sometimes your insurance company will not pay some or all of the charges or will need more information from you. If you or your insurance company pays us too much, we will refund the difference or apply the credit to a future visit. If you or your insurance company does not pay the whole amount, then we will send you a statement and you are expected to pay the bill in full within 30 days or contact us if you have questions or there are errors. If you do not contact us within 30 days we will assume that you agree with the charges. If you do not pay, do not make arrangements, or do not dispute the charges with us within 60 days, then we may take additional steps to collect payment, including sending your account to an outside collection agency. You agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 33% of the debt, and all costs and expenses, including reasonable attorneys' fees and returned check fees that we incur in such collection efforts.

APPOINTMENT CANCELLATION POLICY

Please tell us as soon as possible if you are running late or need to reschedule or cancel your appointment. If you do not tell us a day in advance, or arrive more than 15 minutes past your appointment time, we may charge a cancellation fee which is not covered by most insurance companies. This fee is up to \$25 for visits with your doctor and other providers, and up to \$50 for procedures for which you are scheduled in the office. In addition, some procedures we perform in the office require us to purchase supplies in advance that are specific to you that cannot be used for anyone else or even for you past the date of the scheduled appointment, so for those procedures if you do not tell us 3 business days in advance we may charge up to \$250 to cover the cost of these supplies. If you have to cancel your appointment, please reschedule as soon as possible.