



Bishnu P. Verma, M.D., P.A.

Internal Medicine

Diplomate ABIM in Internal Medicine

American College of Physicians
Internal Medicine/Doctors for Adults

Financial Policy

As your physician, we are committed to providing you with the best possible medical care. In order to achieve this goal, we need your assurance and understanding about our payment policy.

Payments and Co-payments Are Due At The Time Services Are Rendered unless prior arrangements have been made by our staff. We accept cash, check and credit card. Returned checks are subject to a service fee of \$25.00 or 5% of the face value of the check, whichever is greater and you will lose your privilege to write checks in our office.

MEDICARE: Since we are a Medicare provider we will file your Medicare claims. You are responsible for the Medicare deductible per calendar year and the 20% of allowable charges.

SUPPLEMENTAL INSURANCE POLICY: We would be happy to file your supplemental insurance claims, only if the correct information is given at the time of your appointment. If there is a discrepancy after filing claim, it is patient's responsibility to contact the insurance company. We will send you a bill and payment for services are due at this time. As courtesy we file your insurance claims to your insurance carrier, all charges are your responsibility.

BC/BS INSURANCE POLICY: Payment is due at the time services are rendered. Most of the BC/BS insurance company pays directly to patients. We will be happy to help you process your insurance claim-form for your reimbursement.

WORKER'S COMPENSATION OR AUTOMOBILE CLAIMS: You are required to bring the appropriate information for filing your claim. If at the time of service this information is not available, the bill will be your responsibility and payment will be due at the time services are rendered. In the event your claim for this condition or illness is denied by Worker's Compensation Board or Automobile insurance as not being related to your employment or accident, you agree to pay the usual and customary fees for service rendered to you in this case.

HMO POLICY: If we are a participating provider with your HMO plan, we file your insurance claim. You are responsible for all applicable co-payments and/or deductibles.

FAIL TO SHOW: Patients who do not cancel appointments may be charged accordingly.

FINANCIAL AGREEMENT: We will gladly discuss your proposed treatment and do our best to answer any questions relating to your insurance. You must realize, however, that:

1. Your insurance is a contract between you, your employer, and the insurance company. We are not party to that contract.
2. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We must emphasize that as your medical care providers, our relationship and concern is with you and your health, not your insurance company. **ALL CHARGES ARE YOUR RESPONSIBILITY FROM THE DATE SERVICE IS RENDERED.** On any balance on your account after 90 days, including those that insurance has not paid, collection action will be taken. We realize that emergencies do arise and may affect timely payment of your account. If such extreme cases do occur, please contact us promptly for assistance in the management of your account. If it becomes necessary to collect any sum due through an attorney, then the patient agrees to pay all reasonable costs of collection, including attorney's fees, whether suit is filed or not.

If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask us. We are here to help you.

I HAVE READ AND UNDERSTAND THE ABOVE FINANCIAL POLICY.

Signature: _____ Date: _____

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