

**ANDREW M ROMANOWSKY, MD LLC**  
**Financial Office Policy**

**FINANCIAL**

Our office will make every attempt to bill your health insurance carrier for medical services rendered to you. It is your responsibility to provide us with timely and accurate information regarding your insurance policy. Please keep us updated as changes occur. **Andrew M Romanowsky, MD must be listed as your Primary Care Physician.**

Your insurance policy is a contract between you and your insurance company. Our relationship is with you, the patient. You are responsible for knowing your coverage. Our providers make every attempt to recommend medical care that is essential to your health. Please know your policy's limits and contact your insurer to verify coverage if you are not sure.

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**CO-PAYS / DEDUCTIBLES**

All primary care co-pays are due at the time of service. Patients with co-insurances and self-pay accounts are expected to make a payment at the time of service. Co-pays and deductibles apply to all visits in our practice, including non-provider clinical staff.

*\*\* Please be advised you may not have a co-pay or deductible for preventative care. However, if both preventative and diagnostic care occur at the same visit, you may have a copay or deductible associated with the diagnostic service. Your provider will determine the proper coding after your visit, and we will bill you the co-pay and/or deductible per the payment explanation of benefits from your insurance carrier.*

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**CANCELLATIONS / NO-SHOWS**

To provide access for all practice patients, we ask that you provide at least a 24-hour notice if you need to cancel your appointment. This allows time for the staff to offer your appointment to another patient who is waiting to be seen. A missed appointment may be subject to a \$50 fee for new patients, office procedures and physical appointments, and a \$25 fee for follow-up and sick visit appointments.

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**LATE APPOINTMENTS**

If you arrive more than 15 minutes late for your appointment, you will be seen on a case-by-case basis, depending on the provider's schedule.

**MASSACHUSETTS "PATIENT'S FIRST" ACT**

- Please confirm with a member of our staff that we accept your insurance plan
- You may request a disclosure of the allowed amount and the amount of the service or procedure.
  - It may take up to two (2) days to obtain the allowed amount under our contracted fee schedule.
- You may obtain additional information in real time about applicable out-of-pocket costs from your insurance carrier's toll-free number or website. This information may be available on the back of your insurance card.
- If we are unable to provide a specific amount in advance due to an inability to predict the specific treatment or diagnosis code, we will provide the estimated maximum allowed amount.

I waive the requirement for this notice for subsequent services or procedures that are part of a continued course of treatment.

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1. I have read and agree to the **Andrew M Romanowsky, MD LLC's** policy above.
2. This agreement remains in effect for all future services at **Andrew M Romanowsky, MD LLC**

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patient/Responsible Person's Signature: \_\_\_\_\_

Date: \_\_\_\_\_