



Eugenio Menendez, D.O., P.A.

d/b/a **Pompano Beach Internal Medicine**

Office of **Eugenio L. Menendez, D.O., F.A.C.P.**

Board Certified -- Internal Medicine

www.PompanoBeachInternalMedicine.com

Payment Policy

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

1. Insurance. We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

2. Co-payments and deductibles. All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment and/or any applicable deductible, as may be required by your insurance carrier at each visit.

3. Non-covered services. Please be aware that some – and perhaps all – of the services you receive may be noncovered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit. If subsequently, after claim submission, Medicare or the insurer inform you and us that part or all of the service is reasonable or necessary then we will follow the insurer's instructions to refund you the amount they approve to refund or apply it to your account.

4. Proof of insurance. All patients must complete our **PATIENT INTAKE FORM** before seeing the doctor. We must obtain and scan a color copy of your driver's license and current valid insurance cards, to provide proof of insurance and identity, otherwise, YOU WILL HAVE TO PAY IN FULL AT THE TIME OF YOUR VISIT, If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for THE FULL CLAIM OR FOR the balance of a claim. NOTE: Traditional Medicare/Medicaid patients must present both their primary Medicare or Medicaid current proof of insurance PLUS Secondary Medicare (AARP, etc) or Medicaid Insurance Card.

5. Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information, directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

6. Coverage changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

Medical Practice
1600 E Atlantic Blvd. First floor
5891 Pompano Beach, FL 33060-6768
www.PompanoBeachInternalMedicine.com

(954) 942 2247 * Fax (954) 942-2265
Marketing/New Patients (754) 205-5891

21st Century Medicine - - Practiced the Old-Fashioned Way!



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7. Nonpayment. If your account is over 30 days past due, you will receive a FOLLOW UP REMINDER LETTER/ STATEMENT FROM US, stating that you have 15 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.

8. Missed appointments. Our policy is to charge \$25.00 for missed appointments not canceled within a reasonable amount of time (48 hours). These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment. YOU WILL NEED TO CALL US AT LEAST 72 HOURS IN ADVANCE OF YOUR SCHEDULED APPOINTMENT IF YOU INTEND TO RE-SCHEDULE OR CANCEL YOUR APPOINTMENT.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

Key contact officer: Eugenio Menendez, Sr. VP & General Mgr , EUGENIO MENENDEZ, D.O., P.A. D/B/A POMPANO BEACH INTERNAL MEDICINE

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I have read and understand the payment policy and agree to abide by its guidelines

Signature of patient or responsible party

Date

Signature of witness, if applicable

Date

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