

Patient Responsibility Disclosure Statement

DEDUCTIBLES AND CO-PAYS

I understand that all charges for services rendered at Megumi Maguchi, MD are due and payable at the time of service, to include unmet deductible amounts, co pays, and co-insurance percentages for in-network or out-of-network coverage.

NON-INSURED PATIENTS

There are programs available for patients whom are uninsured or underinsured.

MEDICAL INSURANCE

We have contracts with many insurance companies and we will bill them as service to you. As the responsible party you are responsible for the charges if your insurance company declines to pay for any reason, as well as:

- ✘ Presenting all current insurance cards prior to each office visit
- ✘ Verifying at each visit that your patient information is current by speaking to the front receptionist and completing new demographic form every three years.
- ✘ Paying any additional amount owed within 30 days of receiving a statement from our office. When Megumi Maguchi, MD receives an explanation of benefits (EOB) from your insurance company, any amounts that you need to pay will be billed to you.

AUTHORIZATION/ REFERRAL POLICY

I understand that it is also my responsibility to obtain an authorization and/or referral through my primary care physician's office. If required by my insurance company. Failure to do so may result in charges being billed directly to me or my appointment being cancelled and rescheduled once I have obtained the appropriate authorization and/or referral.

RETURN CHECK POLICY

If payment is made on an account by check and the check is returned as Non-Sufficient Funds (NSF) or Account Closed (AC), the patient or the patient's responsible party will be responsible for the original check amount in addition to a \$20.00 Service Charge. Once notice is received of the returned check, Megumi Maguchi, MD will send out a letter and/or call to notify the responsible party of the returned check. If a response is not made within 15 days from the letter or call date by the patient or the responsible party, the account will be turned over to collection agency and collection fee will be added to the outstanding balance- in addition to the \$20.00 Check Service Charge.

NON-PAYMENT ON ACCOUNT

Accounts that are over 90 days past due may be placed with an outside collection agency for recovery. Should collection proceedings or other legal action become necessary to collect on overdue account, the patient or the patient's responsible party understands that Megumi Maguchi, MD has the right to disclose to an outside collection agency all relevant personal and account information necessary to collect payment for services rendered. The patient, or the patient's responsible party, understands that they are responsible for all costs of collection including, but not limited to collection fees, all court costs and attorney fees.

PRESCRIPTIONS AND/OR REFILLS

- ✘ Your medication is your responsibility. Please do not call us and say that you are out of medication and need prescription today, we will not be able to assist you. If you do not have an appointment and are requesting a prescription refill to be called to your pharmacy on allowable medications, please allow 48-72 hours to process your request. On all refills, please call your pharmacy and request your refill and your pharmacy will then notify us with the appropriate information needed to handle your request. We recommend calling a week in advance.
- ✘ New prescriptions requests, if possible, should be discussed during an office visit. Refill request for 90day mail in or Navy Hospital will be written and placed at front desk for pick up. Samples are only given out on the day of your appointment. **NO EXCEPTIONS.**
- ✘ Please note that we **DO NOT** refill prescriptions on the weekends or holidays. Weekends begin at 1PM on Fridays and a holiday begins at 4PM on the day prior to the national Holiday.

TEST RESULTS

Allow 7-10 business days after Labs and/or tests were performed for our office to contact you with your results.

APPOINTMENTS

Bring all medication you are currently taking to each appointment. We commend you also keep a list of your current medication and a copy of your insurance company's medication formulary to bring to each appointment.

PATIENT FORMS COMPLETION

I acknowledge understanding there may be fees involved if I have a disability, financial, medication or similar forms that need to be completed by Megumi Maguchi, MD. Megumi Maguchi, MD require 14 business days for processing and/ or completion of any form. All form completion fees will be collected prior to form completion.

MEDICAL RECORDS COPY

In compliance with Florida Statutes 395.3025, Rule 64B8-10.003 of the Florida Administrative Code, the following fees will be collected prior to the release of medical records from Megumi Maguchi, MD.

If requesting paper copies of your records: there will a charge of \$1.00 per page for the 25 pages of written material and .25 for each additional page.

WIRELESS COMMUNICATIONS

By providing a wireless or mobile telephone number, I permit Megumi Maguchi, MD to use that number for contact. Contact includes, receiving calls and messages, including pre-recorded messages and calls from an automatic telephone dialer (auto dialer), from Megumi Maguchi, MD and their authorized agents.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE ABOVE RELEASE OF MEDICAL INFORMATION, PAYMENT, AND OTHER OFFICE POLICIES. REFUSAL TO SIGN THIS STATEMENT RESULTS IN THE CANCELLATION OF APPOINTMENT AND TERMINATION OF FUTURE CARE.

PATIENT/GUARDIAN SIGNATURE:	DATE:
PRINT PATIENT/GUARDIAN'S NAME FROM ABOVE:	GUARDIAN'S RELATIONSHIP TO PATIENT:

(Revised 11/14/13)