

Dorothy Cohen Serna, MD, PA

OFFICE PROCEDURES AND PAYMENT POLICIES

We value our relationship with our patients and are committed to provide quality in our medical care as well as our business practices. The following policies and procedures are in place. Please review these so that you will have a clear understanding as to how our office handles these issues.

_____ **PAYMENT IN FULL IS DUE AT THE TIME SERVICES ARE RENDERED.** This includes applicable co-pays, co-insurance and deductibles as well as any outstanding balance (unless prior arrangements have been made). We accept cash, checks, and credit cards. If you have a co-pay or coinsurance, we are required by managed care contract to collect this at the time of service. If you have a deductible, we will collect the “allowed” amount as per your insurance company at the time of your visit.

_____ **A \$35 fee *may* be charged for no shows and same day cancellations.** We do not overbook our schedule. Though we can not always predict how ill a patient may be or how much time a particular visit may warrant, we do our best to allot the appropriate amount of time in our schedule for you when you make an appointment. We request the courtesy of 24 hours advance notice if you need to cancel or change your appointment.

_____ **Urgent Care Visits** are visits that are worked-in / added on when our schedule is already full for that day. These visits will incur an additional \$35 fee.

_____ **We accept Medicare assignment** and will file your claim for you. If you have a secondary, we will file your claim as a courtesy if appropriate insurance information has been presented at the time of your visit. As noted above, we will expect to collect any copays and/or deductibles at the time of your visit. **We do not participate with Medicare Advantage/ Medicare managed care plans.**

_____ **We do not handle work related injuries** nor file Workers’ Comp claims. If you have been in an accident outside of your workplace, e.g. motor vehicle accident, and require evaluation, we **will not file an accident claim with your insurance company. Payment would be expected in full at the time of service.** Please be sure to let the receptionist know when you schedule if you feel your visit is accident related in any way.

Though we hope that we can please all of our patients at all times, we understand that this is not always possible. We welcome your suggestions and feedback, both positive and negative. It is our hope we can exceed your expectations for excellent care and communication from both your doctor(s) and the office staff.

I hereby acknowledge that I have been given a copy and reviewed and agree to the PRIVACY PRACTICES of DOROTHY COHEN SERNA, MD, PA.
I have read, understand, and agree to abide by all of the above stated policies.

Patient Name

Responsible Party (if not patient)

Signature of Patient or Responsible Party

Date