

IQBAL & KAHN SURGICAL ASSOCIATES, P.A.

OUR FINANCIAL POLICY

We are committed to providing you with the best possible care and welcome your comments and suggestions. If you have insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy. We thank you for taking the time to read and understand the payment policy.

Payment for services is due at the time services are rendered. We accept cash, checks and insurance (patient is responsible for balance due). Please bring your completed insurance claim form with you on your first visit and we will be happy to help you process your claim for payment. In special instances, we accept assignment of insurance benefits. If you would like us to consider this, please understand we will do so only after reviewing your insurance information and only after the second visit. If we do accept assignment, you will be required to pay your co-payment and deductibles, etc.

We will gladly discuss your proposed treatment and answer any questions relating to your visit.

You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50% or 80%) of "UCR". "UCR" is defined as usual, customary and reasonable fees for this region. Thus, most companies consider our fees usual, customary and reasonable.

This statement does not apply to companies who reimburse on an arbitrary "schedule" or fees, which bears no relationship to the current standard, and cost of care in this area.

3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not be covered.
4. We do have contracts with most insurance companies and accept assignments in most-cases based on our mutual contracts.

There will be a \$20.00 fee for all returned checks and an interest charge of 1.5% per month if not paid regularly. There will also be an added 35% collection surcharge and Additional Attorney fees if your account goes to collections.

We must emphasize that, as health care providers, our relationship is with you, not your insurance company. While the filling of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

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. I understand that, regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered.

Signature _____ Date _____

Patient (if minor) _____ Date _____