



RHEUMATOLOGY DEPARTMENT

PATIENT FINANCIAL AGREEMENT PLEASE READ THOROUGHLY AND SIGN BELOW

In consideration of receiving services from Bryn Mawr Medical Specialists Association Rheumatology Department, You Agree:

1. All services are provided to you with the understanding that **YOU ARE ULTIMATELY** responsible for the cost regardless of your insurance coverage. If you would like to know the cost of a service, please inquire prior to treatment. Please be aware that not all services are a covered benefit with all insurance companies. You are responsible for knowing what services are and are not covered with your insurance plan. **EVERY INSURANCE PLAN IS DIFFERENT, KNOW YOUR BENEFITS!**

2. Your insurance policy is a contract between **YOU (YOUR EMPLOYER)** and **YOUR INSURANCE**. We are **NOT** a party in that contract and **CANNOT** influence what services your insurance plan will or will not cover.

3. **CHANGE OF INSURANCE.** If your insurance changes, **IT IS YOUR RESPONSIBILITY TO NOTIFY OUR OFFICE** and to make sure your new insurance plan participates with Bryn Mawr Medical Specialists. Please bring your insurance card to each visit. It is **YOUR** responsibility to know if **YOUR** insurance will cover the cost of you seeing one of our physicians. If you have a change of insurance and you are having a procedure in the office, you may be asked to reschedule if you did not notify us of the change prior to your visit. Changes in insurance include new policy, new ID number, new group number, etc. Many insurances require prior authorizations and/or precertifications for procedures to be covered by the plan. Prior authorizations need to be obtained prior to the appointment as they can take up to 7-14 days to obtain.

4. **REFERRALS:** **YOU** are responsible for knowing if your insurance requires a referral to be seen by a specialist and for obtaining such referrals from your Primary Care Provider.

5. **CANCELLATIONS, LATENESS, and NO SHOW:** If you habitually cancel appointments the day of service or “no show” to multiple doctor visits, you may be charged a **NO SHOW** fee of \$50 for existing patients and \$75 for new patients. Unfortunately when a patient does not show for their scheduled appointment, another patient loses an opportunity to be seen. If a patient is more than 10 minutes late for an appointment, the appointment may need to be rescheduled. This is to ensure that the patients who arrive on time do not wait longer than necessary to see the provider. You may be given the option to wait for another appointment time on the same day if one is available. We will try to accommodate late-comers as best as possible, but cannot compromise on the quality and timely care provided to our other patients.

6. **OFFICE LABS:** If your insurance has restrictions on where you are “allowed” to have your blood drawn, we ask that you please seek out this information prior to your visit and inform your physician.

7. PAID CHARGES: You are responsible to pay all of your medical bills promptly. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you may be discharged from this practice. If you are having financial difficulties and are unable to pay your bills to BMMSA, please contact our office to set up a payment plan.

8. BILLING QUESTIONS: Our physicians do not participate in the billing process and are therefore not knowledgeable on answering any questions regarding claims. If you have any billing questions, please feel free to contact our billing department at (610)527-3800.

We appreciate your trust in us and appreciate the opportunity to serve you.

Patient/Guardian Signature

Date