

MIMI LEE, M.D., P.A.
APPOINTMENT and FINANCIAL POLICIES

The following is our financial policies, which we require you to read and sign prior to any treatment. As a courtesy to you, we will bill your insurance company if we are given the necessary forms and information at the time of your initial service. We do not file cosmetic service or support hose with insurance. All patients must complete our Patient Registration Form and financial policy form in full prior to being seen by any provider at Mimi Lee, M.D., P.A.

APPOINTMENT POLICY

We call to confirm your appointment 48 hours in advance based on the contact information provided to us. We request your courtesy and cooperation to honor your scheduled appointments. We understand that a situation may arise that could force you to postpone your office appointments. If you cannot keep your scheduled appointment, please give us at least 24 hour notification for us to replace the affected appointment. However, **if a patient fails to provide the 24 hour advance notice of cancellation or rescheduling of the Doctor or Ultrasound or Sclerotherapy appointment, they will be charged a \$ 25 Missed Appointment Fee. This fee will not be applied to future service or visits.** Per insurance regulations, this fee covers provider's loss of business opportunity and is the patient's sole responsibility and will not be billed to insurance. After canceling / rescheduling/ missing three appointments within a year, a patient may possibly be dismissed from our practice due to lack of commitment to own medical care which impairs our ability to provide quality care. We are happy to work with you to find a timely, convenient appointment. For surgery appointment, please see our separate surgery cancellation policy at time of surgery scheduling.

INSURANCE COVERAGE

We file claims as a courtesy to our patients (except for cosmetic service & support hose). We charge what is reasonable and customary for our area. If we are a contracted provider with your insurance and are filing the service with your insurance, your fee is determined by the "discounted allowed amount" set by your insurance (not the full amount we billed). You are responsible for deductibles, co-payments, and co-insurance. If any dispute arises between you and your insurance, you are ultimately responsible for the resolution of such dispute. We will gladly provide you with documentation regarding your claim as needed. Mimi Lee, M.D., P.A. expects you to be interactive and responsible for communicating with your insurance carrier on any open claims. **Your co-pay and applicable deductible and coinsurance are due at the time of services.** This does not apply to cosmetic service and support hose which are not covered by or billed to insurance. Cosmetic services and support hoses payments are collected in full at time of services.

If you find your self without insurance coverage at any point in time, please notify us immediately. We will make you a self-pay patient and our discounted fees will take effect at that time so that continuity of care can continue. Established self pay patients must pay 100% of each visits fees at the date of service. Any lab tests that require additional testing, resulting in extra fees, will be billed to you and payment is expected upon receipt of the bill.

PAYMENT / FINANCE PLAN

Payments to Mimi Lee, M.D., P.A. can be made by any of the following methods: Cash, Personal check, Cashier's check, Debit card, Visa, MasterCard, Discover, or American Express. You will be charged a bank fee for any returned checks for any reason.

To further assist you, affordable payment plans are available through CareCredit®. If you are interested, please ask anyone on our staff or you may visit www.carecredit.com.

Monthly statements are issued to all outstanding accounts of Mimi Lee, MD, PA. Further action to satisfy delinquent accounts may be taken as necessary. You will be responsible for any additional collection and/or legal fees incurred to the delinquent account(s). If you have any questions or need assistance with financial matters, please call (501) 224-0880.

I have read and understand the above stated policies:

Patient Name (Print) : _____ Signature: _____ Date _____
(Revised 5/2010)