Financial Policy

Morganstein De Falcis Rehabilitation Institute (MDRI) is committed to providing you the best possible care at a reasonable cost. For your information, here is an explanation of our financial policy.

Health insurance is designed to help you meet the cost of medical services and is a contract between you and your insurance company. It is your responsibility to understand its guidelines and payment structure. We wish to stress that the financial responsibility for services are yours, regardless of any insurance coverage.

If you have medical insurance, we will 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 must emphasize that as medical care providers, our relationship is with you, not your insurance company.

In order to efficiently file your claim, it is necessary that you bring your insurance card with you at each and every visit. We will file all claims pertaining to **MDRI** physician services and/or office visits.

If you have an insurance plan, which we are non-participating, or you do not have insurance, payment is due at time of service. For those plans we do not participate in, we will submit your claims as a courtesy.

For patients with health insurance plans, which require a referral, you must obtain a referral from your primary care physician ***prior*** to being seen in our office for all services. If you do not have a referral, you will need to either reschedule your appointment or sign a waiver agreeing to pay in full for services rendered at your appointment.

If your plan has a co-payment for office visits, this must be paid when you present for the appointment. In addition, if your plan pays a percentage of the approved amount, you are responsible for the remaining co-insurance. Medicare, Blue Cross, Blue Shield and the Insurance Carriers we participate with require we collect all co-payments and deductibles. If we do not follow these rules, we are in violation of our contract with them.

All payments are expected at the time of service. Our office accepts cash or personal check. Returned checks are subject to a $30.00 service charge.

All past due balances are assessed a **$5.00 monthly billing fee**. All balances that reach 90 days past due will be sent to a collection agency. Should your account be sent to a collection agency, **you would be financially responsible for all collection fees and legal fees** that our office incurs through the process utilized to collect the outstanding balance.

Payment in full of any past due balance is expected prior to being seen in our office in the future. In addition, payment in full will be expected at the time of service for any future services.

If you are not able to keep an appointment scheduled with **MDRI**, please notify us no less than 24 hours in advance. If you choose not to keep your scheduled appointment and do not call 24 hours or more before your scheduled appt, you may be charged a **NO SHOW FEE OF $50.00**.

Late arrival for your appointment may necessitate the rescheduling of your appointment.

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET FORTH BY THE **MORGANSTEIN DE FALCIS REHABILITATION INSTITITE.** AND I AGREE TO THE TERMS OF THIS FINANCIAL POLICY. I PERMIT A COPY OF THIS AUTHORIZATION TO BE USED IN PLACE OF THE ORIGINAL TO RELEASE TO MY INSURANCE COMPANIES ANY INFORMATION NEEDED FOR AN INSURANCE CLAIM. I UNDERSTAND AND AGREE THAT, REGARDLESS OF MY INSURANCE STATUS, I AM ULTIMATELY RESPONSIBLE FOR THE BALANCE ON MY ACCOUNT FOR ALL SERVICES RENDERED. I ALSO UNDERSTAND AND AGREE THAT THE TERMS OF THIS FINANCIAL POLICY MAY BE AMENDED BY THE PRACTICE AT ANY TIME WITHOUT PRIOR NOTIFICATION TO THE PATIENT.

_____	_____
Print Name of Patient and/or Guarantor	Relationship to Patient
_____	_____/_____/_____
Signature of Patient and/or Guarantor	Date