

Financial Policy for Dennis Glick, MD

All co-payments, deductibles, and self-pay payments must be paid before the doctor sees you for your appointment. It is your responsibility to know about your covered benefits, copayments, and insurance deductible (if any). Any unpaid or past due balance must be paid in full at the time of your appointment, unless arrangements have been made with this office. Failure to pay the balance will result in rescheduling of your appointment.

It is not the office's responsibility to know your insurance carrier(s). You must submit any change of insurance to the receptionist at the time of your visit with the appropriate authorization and/or referral. If insurance information errors occur due to your failure to submit correct information, this office will not be held liable and it will be your responsibility to pay the full amount of the services rendered. This office will bill primary and secondary insurances provided Dr. Glick is in-network (contracted) with the insurance carrier and you provide appropriate authorization(s) and/or referral(s).

All unpaid balances are subject to finance charges, and you will be responsible for all fees (including attorney and court costs) arising from debt collection procedures. You will be charged a \$30 fee for each returned check.

It is your responsibility to know when your appointment is scheduled. The office will charge you the full fee for any appointment that is not cancelled at least 24 hours prior to your appointment. This charge is your responsibility.

Insurance companies do not pay for missed appointments.

Notice of Privacy Practices

This practice is committed to securing the privacy of your Health Information (HIPAA). Accordingly, we have posted the practice's Notice of Privacy Practices in the waiting area. We would like your acknowledgement that you have been notified that the practice has such a notice as required with HIPAA regulations by initialing here _____. We would also like your acknowledgement of receiving a copy of this notice by initialing here _____.

We have a HIPAA compliant, encrypted, confidential E-mail system that is used when needed to respond to your non-urgent questions or concerns. When receiving an e-mail from this office, you will be prompted to set up a password to de-encrypt your message from us. Be sure to keep a record of your password for future electronic correspondence with the office. If your concerns require an exchange of clinical information, we may ask you to make an appointment.

Please include your e-mail address here : _____

Patient's Assignment of Benefits

I hereby authorize Dennis Glick, MD, to apply for benefits on my behalf for covered services rendered. I request payments be made directly to Dennis Glick, MD. I certify that the information I have reported with regard to my insurance coverage is correct and further authorize the release of any necessary information, including medical information, for this or any related claim. I permit a copy of this authorization to be used in place of the original. I may revoke this authorization at any time in writing.

Patient or Authorized Person's Signature

Date