



Clavon Clinic, LLC

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Bethesda, MD 20814

(240) 970-1780

Annual Office Policy & Financial Agreement

Thank you for choosing Clavon Clinic for your orthotic and prosthetic needs. We appreciate that you have entrusted us with your health care, and we are committed to providing you with the best patient care possible. Because healthcare benefits and coverage options have become increasingly complex, we have developed this financial policy to help you better understand your rights and responsibilities as a patient.

Insurance Coverage

Please provide us with your current insurance information at the time of scheduling each visit and notify us of any changes. We must be able to verify your eligibility prior to your visit or your appointment may be re-scheduled. In addition, Failure to inform us of a change in insurance may result in exceeding the limits of the time allowed to file a claim and you will be responsible for all charges. We will scan a copy of your insurance card and photo ID to copy and keep on file for our records in accordance with insurance plan requirements.

Your health insurance policy is a contract between you and your health insurance company. Please note it is **your responsibility as the Policy holder/Patient to understand the coverage and benefits and be knowledgeable of any deductibles, copayments and/or coinsurance.**

It is the **Patients responsibility to be sure your provider is in-network**, and the services are covered under your plan. If your provider is out-of-network, you will have a higher out of pocket cost. If you have any questions in regard to your current insurance policy benefits you should contact your insurance plan's Member Services.

Address/Phone Number Changes

It is important that we have your correct address and telephone information on file. Please advise us anytime there is any change to your address, telephone or other contact information. Failure to update our office of any changes to your contact information will not delay the billing process for any patient balances on your account.

Medicare Patients

Medicare may not cover some services your provider recommends.

Self-Pay

Self-pay patients are those patients without insurance coverage or are receiving a service not covered by their Plan. Self-pay patients are required to pay for any charges at time of service. Self-pay rates are dependent upon the procedure being performed. For more information ask for the office manager. Payments All co-payments and past due balances are due at the time of service. In addition, we may collect a portion of your deductible if it has not yet been met. We accept debit cards, credit cards, and checks.

We will bill your insurance for covered devices. Once they have paid, you will receive a bill for any remaining deductible or co-insurance amounts owed. The balance is due in full within 30 days of receipt of the statement. Failure to do so may result in further collection activity which may include referral to an outside collection agency

and/or inability to schedule any further appointments. If you are unable to pay the full amount within 30 days, please speak to the office manager.

Non-Medical Fees

Returned Checks

There will be a \$25 fee assessed on returned checks.

Medical Records and Medical Forms

Should you need a copy of your medical records, please fill out our medical records release form to authorize the release of records and designate a recipient. Charges to complete medical forms (driver's license, assisted living, insurance, etc.) and patient-requested letters are not covered by insurance and are therefore the responsibility of the patient. Fees vary according to the length and complexity of the records requested, patient form or patient-requested letter and are determined by management.

After Hours Calls

Any after-hours calls the patient requests the answering service places to the provider on call that is not deemed a true emergency by the provider may result in a \$25 charge to you. This charge will not be covered by insurance and will be patient responsibility.

Late or Missed Appointments/Cancellations

Late Visits

Our office policy is to allow a 9 minute grace period. If you arrive 10 minutes late for your appointment, it may be rescheduled at your provider's discretion.

Missed Appointments/Cancellations

Our office policy is to request at least 24 hours' notice of cancellation of a booked appointment. In the absence of adequate notice, cancellations can result in a waste of key resources as it may not be possible to schedule another case in the same time slot without adequate notice.

Assignment of Benefits

I hereby assign all medical benefits to which I am entitled. I hereby authorize and direct my insurance to issue payment directly to Clavon Clinic for medical services to myself and/or my dependents.

I have read and understand this policy and that the practice requires my signature, and I agree to be bound by its terms.

I understand I may ask for a copy of this policy which I signed.

I also understand and agree that such terms may be amended by the practice on an annual basis.