INFECTIOUS DISEASE ASSOCIATES OF TAMPA BAY
INTERNATIONAL TRAVELERS CLINIC OF TAMPA BAY

PAYMENT AND FINANCIAL POLICY & ASSIGNMENT OF BENEFITS

We would like to thank you for choosing Infectious Disease Associates of Tampa Bay for your care. We are committed to providing you with quality and affordable healthcare. Because you may have some questions regarding personal and insurance responsibility for services rendered, we have developed this payment and financial policy. Please read and feel free to ask any questions that you may have. Please sign in the space provided. A copy will be provided to you upon request. Our physicians participate in a number of networks; it is your responsibility to verify that the physician you are seeing is in- network. If you belong to an insurance company that requires a referral, you must have that referral with you at the time of service.

FOR OUR INSURED PATIENTS:
Copays: All copays must be paid at the time of service.

Deductibles: Some insurance policies have deductible requirements. These are your responsibility and will be billed to you. Payment is due within 14 days of receipt of your statement.

Non-covered Services: Some services that you receive may be non-covered, or not considered necessary by your insurance. These services are your responsibility and will be billed to you. Payment is due within 14 days of receipt of your statement.

Submitting claims: We will submit your claims and assist in every reasonable way we can to get your claims paid. However, there may be times when your insurance company requires information from you directly. It is your responsibility to provide this information if or when it is requested. If your claim is denied because you failed to provide this information, the balance will become your responsibility.

Proof of Insurance: All patients must complete our registration process. We must also obtain a copy of your current insurance card. If you do not have this available at your appointment, and do not produce it within a reasonable amount of time, you will be responsible for your service.

Policies without office visit coverage: If your insurance policy does not have office visit coverage, payment for your visit is due at the time of service.

Changes in coverage: If your insurance changes, please notify us prior to your appointment.

FOR OUR SELF-PAY PATIENTS:
Payment must be made at the time of service.

FOR ALL PATIENTS:
No Show Appointments: There is a $25.00 fee for appointments not cancelled within 24 hours. This is not payable by insurance, and must be paid prior to your next appointment.

Forms Fee: There is a fee of $25.00 per form for completion. Payment for this service is due before the completed form leaves the office.

Collections Procedures: If your account is over 90 days old, partial payment must be negotiated with the billing department. Please be aware that if your balance remains unpaid, we will refer your account to an outside collections agency and you and your immediate family members may be subject to discharge from the practice. If referred, the balance must be paid in full before you are scheduled again.

I agree with the Financial Policies and request that payment of Medicare & Medicaid and/or any other authorized insurance benefits be made on my behalf to Margarita R. Cancio, MD, PA d/b/a Infectious Disease Associates of Tampa Bay for any services provided to me. I authorize Margarita R. Cancio, MD, PA d/b/a Infectious Disease Associates of Tampa Bay to release any medical information about me to the Centers for Medicare & Medicaid Services or any other insurance company that is needed to determine these benefits or the benefits payable for related items and services.