



Mt. Lebanon Internal Medicine Division St. Clair Medical Services

Welcome to Mt. Lebanon Internal Medicine Division of St. Clair Medical Services and thank you for choosing us as your healthcare provider. We would like to take this opportunity to advise you of our practice policies. These policies help us to provide quality care in an efficient manner. Please do not hesitate to contact our business manager if you have any questions about these policies.

- You will be asked to present your insurance card at each visit.
- Please notify us of any changes to your address, personal information, or insurance information.
- Mt. Lebanon Internal Medicine Division is pleased to process your insurance claim for reimbursement. However, please remember that:
 - Your insurance is a contract between you, your employer, and the insurance company. Mt. Lebanon Internal Medicine Division is not a party to your health insurance contract.
 - Our fees are generally considered to fall within the acceptable range by most insurance companies, and therefore, are normally covered up to the maximum allowance determined by each carrier.
 - Not all services are covered benefits on all insurance contracts. Some insurance companies have certain services that they will not cover.
 - Most insurance policies have copayment and/or deductible arrangements. This means that you have some payment responsibility.
 - Any charges that are denied or unpaid by your insurance carrier will be billed to you. We expect that these balances will be paid in a timely manner.
- If your copayment is not paid at the time of service, a collection fee of \$10 may be assessed to your account.
- If you do not have health insurance coverage or do not bring proof of health insurance coverage to each visit, payment in full will be due at the time of your visit.
- We accept payments in the form of cash, personal check, Visa, MasterCard or Discover.
- A \$35 fee will be assessed for all returned checks. If we receive two returned checks or you fail to pay the \$35 fee, we reserve the right to request that future payments be made in cash or by credit card.
- Please provide our staff with a minimum of five business days to generate a referral or authorization.
- Please understand that our appointment times are limited. If you are unable to keep your scheduled appointment please notify us at least 24 hours in advance to reschedule. If you do not notify us that you are unable to keep your appointment a fee may be assessed to your account.
- Mt. Lebanon Internal Medicine Division may request previous medical records so that we may have the best understanding of your medical history. Your medical record will become the property of Mt. Lebanon Internal Medicine Division. A fee will be assessed to cover the cost of copying your medical record if you request one.

We value our patients' rights to privacy in regard to their health information. Please take a moment to review our Notice of Privacy Practices, which provides a complete description of permitted uses and disclosures of healthcare information.

Disclosure of Health Information: I wish to allow disclosure to the following family members, friends, or individuals. I understand that I may change this list at any time:

NAME	RELATIONSHIP	DISCLOSURE	IF LIMITED, PROVIDE DETAILS
		<input type="checkbox"/> FULL <input type="checkbox"/> LIMITED	
		<input type="checkbox"/> FULL <input type="checkbox"/> LIMITED	
		<input type="checkbox"/> FULL <input type="checkbox"/> LIMITED	
		<input type="checkbox"/> FULL <input type="checkbox"/> LIMITED	

In the event that we need to contact you, are we permitted to leave a message on your answering machine? Yes No

PATIENT ACKNOWLEDGEMENT: I have read and understand my responsibilities as outlined above. I acknowledge the receipt of the Notice of Privacy Practices.

Patient Name (printed) Signature of Patient or Responsible Party, if a Minor Date

Office Use Only

A good faith effort was used to obtain written acknowledgement of the Notice of Privacy Practices on:

Date _____ by Signature of staff representative _____