

Patient Guidelines

Insurance:

- We must collect your estimated co-pays and/or deductibles as required by insurance company and the Georgia State Law.
- You are ultimately responsible for all unpaid fees for services rendered, regardless of what the insurance company chooses to reimburse or to deny.
- While we may check your eligibility and benefits as a courtesy, it is ultimately your responsibility your responsibility to monitor and to maintain the status of your insurance policy.
- Your health insurance benefits are based upon a contract made between you and an insurance company. If you have any questions regarding your health benefits please contact your employer or insurance company directly.
- We may accept payment from your insurance company as a courtesy. If your insurance company does not pay within 60 days, we reserve the right to request payment in full for services from you and let you collect the insurance funds that are due to you. This is rare but it is important that you recognize that the insurance you have is legal contract between YOU and YOUR insurance company. Our office is not, and cannot be a part of the legal contract. Ultimately, you are responsible for all charges incurred in our office.
 - I have read the above and understand it is my responsibility to make sure all insurance requirements are fulfilled. It is also my responsibility to notify Interamerican Diabetes & Endocrinology of any changes in my insurance carrier. I agree to be responsible for all charges incurred with Interamerican Diabetes & Endocrinology. A fee of \$25.00 will be assessed to this account if it has to be forwarded to our collection agency.

Appointments:

- Please arrive on time. Call us if you are running late. If you are more that 15 minutes late to your appointment, your treatment may have to be delayed . Missing appointments wastes valuable staff time and delays treatment for others.
- There is a 48 hour cancellation notice. This allows the clinic to fill your appointment time. It is very difficult to fill an opening at the last minute.
 - If appointment does not have a 48 hour cancellation notice there will be a \$40.00 fee.

Payments:

- Payment is due on the same day that services are rendered. We accept cash, checks, debit, Visa and MasterCard.
- Cash accounts are collected on front.

Signature: X _____

I give my consent for Ricardo Alvarez, M.D. employees or associates to leave messages on my answering machine or voicemail regarding my medical care, test results, appointment confirmation, and payment issue. I also give them permission to discuss these issues with the following people

Name /Relationship/ Phone	Name/ Relationship/ Phone
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I certify that my insurance information is current and accurate; I authorize assignment of insurance benefits to Ricardo Alvarez, M.D. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions. Ricardo Alvarez, M.D. and its representatives may use my health care information and may disclose such information to the given Insurance Company(s) and their agents for the purpose of obtaining payment for the services and determining insurance benefits or the benefits payable for related services. This consent will end when my current treatment plan is completed or one year from the date signed below.

I have been given the opportunity to review the HIPAA Disclosure Policy regarding my Protected Health Information and understand the manner in which this office uses my information. I agree with the exception of: _____

X _____

Signature of patient, Parent or Guardian	Date
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Print Name	Relationship to patient
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