

Patient Financial Agreements

Participating Laboratories Please note, pathology specimens are sent to Aurora Diagnostics, DermPath Diagnostics or Baptist Pathology Dept. Cultures are sent to Quest Diagnostics and LabCorp. Every effort is made in sending specimens to your participating labs. I agree to pay for any fees not covered by your insurance carrier that's falls under my deductible or co-insurance.

Signature of Patient or Parent/Guardian of Patient

Date of Signature

Patient Obligations

Copayments If you are an enrollee of a managed care (HMO), PPO, or POS plan that Dr. Margulies is contracted with, **you are required to pay your copayment amount each time services are rendered to you by Dr. Margulies.** Your appointment will be rescheduled if you are not prepared to pay at time of service unless prior arrangements have been made with our billing department.

Deductibles/Co-Insurance In addition to the copayments, some plans also have annual deductibles/co-insurance. You may be required to pay this said amount at the time services are rendered to you.

Account Balances And Collection Procedures. Any balances due after your insurance carrier pays their portion, we will bill you. There will be three (3) statements sent to you. **There will also be a charged of 1.5% interest rate if account becomes delinquent.** The fourth (4) statement will be forward to FFCC, a national collection agency. " I understand, if amount owed is not satisfied by the due date, then a fee of 40% of the outstanding balance as calculated, will be added to your outstanding balance on the due date". I agree to pay for all services rendered to me, including attorney's fees and any expense or costs relating to the collection proceeding, including courts costs.

To avoid this situation, please pay your bill promptly after you have received your first statement. Should you not understand the reason of your balance, do not hesitate to contact our billing department.

Referral From Your PCP If you are enrolled in an HMO, your plan requires a referral from your primary care physician, **it is the responsibility of the patient to obtain his/her own referral,** prior to your visit. Should you arrive to office without a referral, we will re-schedule your appointment. Your health plan will deny all medical services provided by this office and Dr. Margulies without a referral.

Dr. Margulies & staff are dedicated to working with you and your insurance carrier to get the best possible reimbursement and to keep you the patient satisfied to the fullest.

Note to the Patient

You as the patient have the responsibility to understand all of your patient agreements and obligations. It is your responsibility to understand your insurance coverage. Should you not sign any of the agreements and obligations, Dr. Margulies reserves the right not to provide medical services to you.

Signature of Patient or Parent/Guardian of Patient

Date of Signature

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