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Financial Policy

Welcome to Kelly Collaborative Medicine!

Thank you for the trust you have put in us by choosing us as your healthcare provider. We are committed to providing you with the best possible care and to your treatment being successful. Your clear understanding of our financial policy, however, is important to our professional relationship.

Please understand that payment of your bill is considered part of your overall treatment. In order to keep your healthcare costs to an absolute minimum and to allow us to stay open to continue serving you, we have updated our Financial Policy. **This Financial Policy supplements and does not replace the Privia Medical Group Financial Policy.** PLEASE READ AND SIGN PRIOR TO ANY TREATMENT.

Types of Payments

We accept cash, personal check, Visa, American Express, or MasterCard. While the filing of insurance claims is a courtesy that we extend our patients, all charges are your responsibility from the date that services are rendered. In order for us to file a claim, you must present a current copy of your insurance card at each visit and communicate any changes in your personal contact information.

Initial _____

Making and Keeping Appointments

If you have an outstanding balance of \$500 or more, you must pay your balance in full or set up a payment plan within thirty (30) days prior to being scheduled for an appointment. You can be seen for emergency situations within those thirty (30) days.

Initial _____

If you need to cancel or reschedule your appointment, we require 24 hour notice in order to avoid our no show / cancellation fee. We have a high demand for appointments so keeping appointments and being on time is a critical factor for keeping our providers running on time. **Not receiving the reminder call is not a valid reason for not coming to your appointment since this is a courtesy call to you.** If you are fifteen (15) minutes late, or more, you have lost your appointment slot. If our schedule allows, we will add you to the day's schedule as an add-on or schedule you for a later appointment slot. If you cannot be added to the schedule, you will receive one of the charges below.

\$50 for appointments Monday-Friday

\$100 for appointments on Saturday

This policy is necessary to allow us to accommodate patients who need to be seen emergently as well as hold our patients accountable for appointments made. **Excessive no shows may result in you being dismissed as a patient from Kelly Collaborative Medicine.**

Virtual (Telemedicine) Visits: For insured patients, as a courtesy, all virtual visits charges will be presented to your insurance for payment. If your insurance does not cover Virtual Visits (Telemedicine) or you are uninsured, you will be charged \$75 which is due at the time of the Virtual Visit.

Initial _____

Administrative Policies

Forms Policy:

If you need a form to be filled out and signed by any of our providers, we require a scheduled appointment for its completion. Per our philosophy about overall care, all medical-legal forms are handled with the highest level of attention. Scheduling an appointment allows us to avoid mistakes and gives you the fastest turnaround time possible. It is your responsibility to bring us your form in a timely fashion since additional information and or testing may be required prior to obtaining a provider signature. Forms needing completion without an appointment will be assessed a \$25 fee.

Medical Records Charge:

In accordance with HIPAA and Maryland law, if you would like a copy of your medical records, you must fill out our "Authorization for Release of Medical Record Information" form. HIPAA permits us to charge you a reasonable, cost-based fee that includes the cost of: (1) labor for copying your records; (2) supplies for creating the paper copy or electronic media (e.g., CD or USB drive), if you request your records be provided on portable media; (3) postage;; and (4) preparation of an explanation or summary of your record, if you request such a summary. If a collaborating physician (primary care or specialist) requests portions of your chart to assist in your care or treatment directly, no charge is assessed.

Returned Checks Charge:

Non-Sufficient Funds (NSF) checks are subject to a \$30 fee (in addition to fees from your bank).

I certify that I have read and understood the Kelly Collaborative Medicine Financial Policy, was given the chance to ask my questions and have them answered. I agree to abide by the policies set forth by Kelly Collaborative Medicine.

Signature: _____

Date: _____

Print name: _____