

## Advanced Heart & Lung Surgeons

Mohey Saleh, M.D.

Please take time to read and be familiar with the following office and financial policies, **as well as “About Your Bill,” appearing in the prior section of our web site.**

**New Patients:** You may complete your initial paperwork in our office, by utilizing the forms attached at \_\_\_\_\_ or by registering and using our patient portal. Start by going to [www.premierhealth.org](http://www.premierhealth.org) and click on Patient Portal to get started. Please contact the office with any questions.

When you come to your first visit please bring with you: Drivers license/photo ID, current insurance card(s), current medication list, copay amount and a referral, if needed. It is your responsibility to confirm with your insurance company if we are an in-network provider in your plan and if your plan requires you to have a referral to see a specialist.

**Current Patients:** Please make sure you notify the **Receptionist** of any changes in your insurance or demographic information (i.e. address/phone #). Please inform the **Medical Assistant** of any changes in your medications or medical history when you are taken to an exam room. You may be asked to fill out an updated medical history once a year. Please have with you at **each** visit your copay amount, payment for any outstanding balance and your current insurance card(s).

**Appointment Confirmation:** As a courtesy we try to confirm your scheduled appointment with an automated reminder call or by email from our office or through the patient portal two days before your appointment. Please remember this is a courtesy and that you are responsible for keeping your appointment.

**Appointment Cancellation:** We request a 24 hour notice of cancellation of a scheduled appointment. Any appointment not canceled at least two hours prior to the appointment time will be considered a missed appointment.

**Insurance Card:** Please bring your insurance card to each visit. You are responsible for charges of any services rendered, including DME ordered, regardless of your insurance coverage.

If you are seeking a non-covered service, do not have insurance or if you are a participant in any insurance for which we are not a provider, please be prepared to pay fees at the time services are rendered.

**Co-pays** are due at the time of service – NO EXCEPTIONS. We accept cash, check, MC, Visa and Discover. If you do not have your copay amount at the time of service, you may be asked to reschedule.

**Account Balances:** Outstanding balances are due in full upon receipt of the billing statement.

**Collections:** Our office makes every reasonable effort to collect payment from insurance companies and patients. Once these efforts are exhausted, we may report unsatisfied accounts to a collection agency for payment and credit reporting. Unresolved accounts may be referred to court mediation. Should your account be transferred to our collection agency or attorney, you are responsible for all collection fees (usually 33% of the balance), legal fees, and/or court costs. These costs will be added to your total outstanding balance. In the event your account with us would be referred for collection, your credit history may be affected.

**Credit Balances and Small Balance Write Offs (less than \$5.00):** Occasionally we receive an overpayment from patients and a refund is due. Small credit balances of \$5.00 or less will be applied to any existing or new balances on your account or held to cover future services already scheduled. If after six (6) months the credit still exists and there are no future services scheduled, all unapplied credit balances will be written off. Similarly, we will hold patient balances of \$5.00 or less that are due to the practice on account for this same six month period and if no future services are scheduled we will write off that amount under our small balance write off policy.

**Refunds** of amounts greater than \$5.00 are processed monthly. You should receive your refund check through the mail within six (6) weeks once our billing department has processed your Explanation of Benefits (EOB) from your insurance.

**Copies of Medical Records:** A forms fee must be paid in advance. The cost is determined by House Bill 331, which governs the fees for copying medical records. Please allow 1-2 weeks for records to be copied. Fee rates can be found at:

<http://www.odh.ohio.gov/ASSETS/E4E587F24E864EA3AD15852DC309F68A/RC3701-742-MedRecordsCopyCosts.pdf>

**X-ray copies:** There will be a \$10 charge for copies of x-rays made. Copies are made on non-patient days. Please allow 3-5 business days for copies to be made.

**Treatment of Minors:** A parent/legal guardian must accompany a patient under the age of 18 years old.

**Prescriptions:** Your doctor will E-prescribe your prescription to the preferred pharmacy listed in your chart, unless it is a controlled substance, and then we will print out the prescription. Patient permission and ID is required to pick up prescriptions for narcotic pain medication. For refills, we request a **three (3) day advance notice**. If you have not seen the doctor recently, you will need to schedule an appointment to determine if, and which, prescription is needed.

**Telephone Consumer Protection Act** I authorize my healthcare provider and/or any entity authorized by this provider including those using automated dialing systems, automated messages, email, text messaging or other electronic communications to contact me for any reason by using any telephone number, email address and/or mailing address provided. I also give permission for Foot & Ankle Specialists of Central Ohio to leave information regarding my healthcare on any voicemail or answering machine that I provide the number for.

I hereby confirm that I have read and understand the **Office and Financial Policies of Advanced Heart & Lung Surgeons.**

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PRINT name of Patient or Parent/Guardian/Personal Representative

DATE

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Signature of Patient, Parent, Guardian or Personal Representative  
Relationship to patient