



Financial Policy

Welcome to Dr. Shore Armani's office. We are pleased that among all primary care physicians, you have chosen Dr. Armani. Our goal is to provide you with the highest level of professional medical care with highest patient satisfaction.

Healthcare law requires that all patients sign the Authorization and Consent for Treatment Form prior to receiving medical services. The form confirms that patient understand services being provided are necessary and appropriate. The form also advises patients of their complete financial responsibility for all medical services received without regard insurance eligibility or coverage determinations.

Payment Responsibility

Patients or their legal representatives are ultimately responsible for all charges for services rendered. Payment is expected at time of service for all charges owed for the current visit and any prior balance. For those insurance plans with real time adjudication, payment will be collected at check out for charges incurred that day. For insurance plans that do not provide immediate patient responsible information, settlement of your balance can be accomplished via card-on-file (preferred) or you may pay a deposit on date of service.

For card-on-file, we will charge your card for the balance you owe as soon as your insurance company informs us of the patient financial responsibility. We will send you a copy of the statement with the explanation of the charges paid by your insurance company, adjustment (meaning they did not pay a portion and you are not responsible for that portion of the payment), and your portion of financial responsibility, which could be 1-100% of the total charges. Under the deposit option, you may pay an estimate of the expected patient responsibility and we will settle the balance upon receipt of the Explanation of Benefits (EOB) from your insurance company by either sending a refund in case of overpayment or send a statement for the balance due. Both payment options benefit you by reducing administrative burden and settling your portion of the bill in a timely manner.

For Annual Wellness visit or Physical Exams/Pap smears for which you require additional services beyond the scope of the wellness exam or physical/pap, an additional charge will be incurred, and you will be asked to pay resulting additional copayments or patient responsibility amounts.

Most insurance companies pay either for physical exams or sick visit at the same day of service. If you have decided during your physical exam to have a sick visit regarding your cold, etc. you will be responsible for a copay and the payment for the non-covered visit. You always have the option to come back for the sick visit on a different day.

It is your responsibility to provide us with current accurate billing information at the time of check in on each office visit, if you provide us wrong information, we will not be able to bill your insurance company and you will be responsible for the payment. There would be a \$35 charge for insufficient funds check or NSF.

Types of payments

1. Co-payments: are required by insurance carriers at the time of the service.
2. Deductibles: Some insurance plans require patients to pay a predetermined amount before serviced will be covered.
3. Co-insurance: Some insurance plans require that patients pay a predetermined percentage of allowed charges (e.g. 10-30%) at the time of service.
4. Uninsured Patients (Self-Pay). Payment for all services rendered is due at the time of service.