

JANNA MASSAR, M.D.
Board Certified in Internal Medicine

PATIENT INFORMATION

NAME _____ BIRTH DATE _____
AGE _____

ADDRESS _____ CITY _____
ZIP _____

SSN _____ SEX _____ MARITAL STATUS _____ HOME PHONE _____

WORK PHONE _____ CELL PHONE _____ PAGER _____

EMPLOYER _____ FAX # _____

ADDRESS _____ CITY _____
ZIP _____

WHO REFERRED YOU?

EMERGENCY INFORMATION

SPOUSE _____ SPOUSE WORK PHONE _____

RELATIVE _____ RELATIVE HOME
PHONE _____

FRIEND _____ FRIEND HOME PHONE _____

PRIMARY INSURANCE INFORMATION

_____ PRIVATE PAY (Cash) _____ PPO _____ HMO _____ MEDICARE
_____ OTHER

INSURANCE COMPANY

ADDRESS _____ CITY _____
ZIP _____

INSURED'S NAME _____ BIRTH DATE _____

INSURED'S SSN _____ GROUP # _____

INSURED'S EMPLOYER

HOW LONG AT ABOVE EMPLOYER

SECONDARY INSURANCE INFORMATION

INSURANCE COMPANY

ADDRESS _____ CITY _____
ZIP _____

INSURED'S NAME

INSURED'S SSN _____ GROUP # _____

INSURED'S EMPLOYER

PATIENT / RESPONSIBLE PARTY'S AUTHORIZATION

I AUTHORIZE RELEASE OF MEDICAL INFORMATION TO PROCESS CLAIM.

I REQUEST THAT PAYMENT OF MEDICAL BENEFITS BE MADE TO DR. JANNA MASSAR AND I UNDERSTAND THAT THIS IS AUTOMATIC IN CASE OF HOSPITALIZATION. THIS ASSIGNMENT OF BENEFITS WILL REMAIN EFFECTIVE UNTIL REVOKED BY ME IN WRITING.

PATIENT'S SIGNATURE _____ DATE _____

JANNA MASSAR, M.D.
Internal Medicine

PAYMENT POLICY

We will file insurance for our PPO, HMO, and other managed care patients. However, all managed care co-payment and/or deductible and coinsurance amounts are due at the time of the service. Any disallowed/uncovered amounts are due from the patient. It is your responsibility to make sure that Janna Massar, M.D. is in your managed care network. There will be a \$15.00 fee added to your account if the copay/coinsurance/deductible is not paid at the time of service.

Patients who do not cancel or reschedule their appointment at least 24 business hours prior to their scheduled visit will be charged a fee of \$25.00. Also, this fee applies to any patients that do not show up for their scheduled appointment. This office will make reasonable attempts to confirm appointments one to two days in advance of the appointment date. Excessive no shows and/or late cancellations could be grounds for termination from Plano Internal Medicine Associates.

We accept assignment and will file insurance for our Medicare patients. However, any calendar year deductible amounts (to the extent of the visit amount) are due at the time of the service. We will also file secondary insurance after payment from Medicare. If there is no secondary insurance the patient will be billed for any remaining balance.

There will be a twenty-five (\$25) fee assessed for any returned check. This fee is assessed regardless of whether the check is redeposited because the bank has already charged us a fee for the returned item. You will subsequently receive a bill for this amount. Payments will be expected in the forms of cash, money order, Visa or MasterCard. If payment is not received by the due date indicated on the bill, then your information will be turned over to the Collin County District Attorney. After receiving a returned check we will no longer accept check payments on any future visits not to exceed five years.

Your insurance policy is a contract between you and your insurance company. It is important that you understand its provisions. We cannot guarantee payment of your claims. Reduction or rejection of your claim by your insurance company does not relieve the financial obligation you have incurred. We will attempt to verify coverage, although that is not a guarantee of payment until your insurance has processed the claim.

For all account balances in excess of 120 days past due a late fee of \$50.00 will be added to the balance (even if payment delay is due to the insurance company) and the account will be turned over to our collection agency if payment is not received in 15 days. It is ultimately the patient's responsibility to make sure the doctor received payment for service rendered.

We will file insurance for our HMO/EPO/POS patients. However, you must have assigned the doctor you are seeing in this office to be your Primary Care Physician (PCP) prior to your appointment. The assignment of the PCP must be effective the day of your appointment. If you have not assigned Dr. Massar to be your PCP, you agree to be responsible to pay the entire balance of your visit.

If you have not changed your PCP to Dr. Massar, because you are not sure if you want to assign him yet, you must assume full responsibility for the balance of that visit. Payment will be due at the time services are rendered: no exceptions will be made

I have read this agreement and understand the provisions outlined. I agree to be responsible for any balance present on my account. If my insurance denies payment because Dr. Massar was not listed as my Primary Care Physician at the time of service, I will assume full responsibility of the charges incurred for that visit, and will pay in full.

If any patient is owed a refund all claims must be processed and paid in full before overpayment is refunded. Any overpayments in excess of \$50 will automatically be refunded within 30 days once we become aware of the overpayment. Patients must request a refund if it is less than \$50.

All patients are required to give their Social Security No. No Exceptions. If the insurance policy is through someone other than the patient we will need their Social Security No. as well. This is to ensure payment for services that are rendered by PIMA.

PRECERTIFICATION/REFERRAL AUTHORIZATION

Precertification of Hospitalization – we must be notified within twenty-four (24) hours of any hospital admit so that we may precertify your hospital visit/stay. Failure to do this may result in reduction of benefits. We will not be responsible for any reduction of benefits if this is not done.

Referrals – due to tremendous referral requests, we must be notified at least five (5) days prior to your appointment in order to obtain a referral to a specialty care provider. Patients who see specialty care providers first and then call after the fact to request a referral number run the risk of reduction of benefits because most insurance companies do not back date referrals. We will not be responsible for any reduction of benefits for any “after the fact” referral requests

When referred, it is the patient’s responsibility to verify that the physician or facility is in their insurance network.

AUTHORIZATION

I authorize release of medical records to determine liability for payments or treatment, and to obtain reimbursement

I assign all medical benefits for office visits and hospital stays to Dr. Janna Massar, M.D. This assignment will remain in effect until revoked by me in writing. A photocopy of this instrument will have the same validity as the original.

Patient’s Signature _____ Date _____