

Robert Rundorff, MD, PC
Board Certified
Physical Medicine and Rehabilitation

Financial Policy

Your clear understanding of our Financial Policy is important to your care. A health insurance policy is a contract between you and your insurance company. Your insurance company determines what amount, if any, you owe. If there is a balance due on your account, you will receive a monthly statement, of which a payment is due within 30 days of receipt. If you cannot meet this requirement, please contact our office for payment arrangements. If your insurance requires a referral, *it is your responsibility to make sure we have the referral from your primary care physician.*

Co-Pays

Your insurance carrier requires that we collect co-payments. Co-payments are due at the time of service. If you are unsure of your co-pay amount, please contact your insurance provider.

Self Pay Patients

If you do not have insurance, we can provide you with a 45% discount for payment on the day of service. If you cannot pay at the time of service, please contact the office to set-up a payment arrangement prior to your first appointment.

Workers Compensation and Personal Injury

Worker's Compensation and motor vehicle accident patients must provide the following information:

- Insurance company name, address, phone number, date of injury, and claim number.
- Attorney's name and phone number if an attorney is involved.
- Major Medical Insurance information even though it will be billed to your liability insurance.

We require that you allow us to bill your health insurance upon denial of any workers compensation or personal injury claim. If your claim is in litigation we will stay in communication with your attorney regarding the status of your case; but payment of the bill remains the patient's responsibility.

Forms and Records Request

Patients may request forms be filled out for credit card and bank deferments, insurance purposes, applications for disability, Medicaid requests, and legal matters. There is a \$5.00 fee per form. The patient part of the forms must be filled out in their entirety. The office will take 3 to 4 business days to get the forms done, at which time the office will fax or mail the forms to the required organization. It is the patient's responsibility to provide the office with the fax number or mailing address. There will be a \$25.00 fee for most records requests; records will be ready in 5 business days.

Patient Attendance and Scheduling Policies

In accordance with our mission, we have adopted the following attendance/scheduling policies to enable all of our patients an equal opportunity for available appointment times while seeking treatment here.

1. Patients are required to give a 24 hour notice prior to any canceled or rescheduled appointments for doctor's visits and balance assessment appointments. Patients are allowed a total of three rescheduled appointments before being dismissed from the practice.
2. For VNG, EMG, NCV, or injections appointments, patients are required to give a 48 hour notice prior to any canceled or rescheduled appointment. If the patient does not give the required notice, and they wish to reschedule, they will be rescheduled at the office's convenience.
3. If a patient NO-SHOWS for an appointment twice, they may reschedule to the next available appointment. If a patient NO-SHOWS three or more times, they may be discharged from the practice and their records will be forwarded to the doctor of their choice.
4. If a patient is more than 15 minutes late for their appointment or the patient's paperwork is not completed at the time of their appointment, the appointment may be rescheduled. I

HAVE READ AND UNDERSTAND THE ABOVE POLICY.

Patient/Guardian Signature: _____

Date: _____

