

# PRACTICE GUIDELINES AND POLICIES FOR

## *JAN LEI IWATA, D.O., PHARM.D., M.S.*

**Payment:** Payment and/or co-payment, (determined by your insurance company), are due in full at the time services are rendered. Methods of payment for (Dr. Jan Lei Iwata) are cash, Paypal credit card or checks. Any payment/co-payment that needs to be billed will be subject to a \$5.00 administrative fee. Whether services are covered or not by your insurance, you must remember that you are ultimately responsible for payment for services. We realize that temporary financial problems for assistance in the management of your account. If your account should go unpaid for 120 days and be without a payment arrangement, you will subject to referral to a collection agency and/ or legal action as well as additional administrative fee. Payment is due at the time of service for durable or medical supplies that are not covered by your insurance.

**Demographics New Patient Registration Sheet:** The New Patient Registration demographic sheet provided must be completed in full in order for our computer system to process your claim. It is necessary to have the patient and the subscriber's social security number. If you decline, you will be considered a self-pay customer. We follow the Health Insurance Portability & Accountability Act of 1996 (HIPAA), guidelines. This information will not be given out to anyone without your authorization.

**Insurance Forms Filing:** Dr. Jan Lei Iwata will only bill Blue Cross Blue Shield Illinois for covered services rendered. All other insurance companies are the responsibility of the patient. Most insurance companies require that forms be filed within 60 days from the time of service. If you, the patient provide us with the wrong insurance information or do not complete forms sometimes required by the insurance company, you will be responsible for the payment in full. In such case, we will not file an appeal on your behalf.

**Disability or Family and Medical Leave Act Forms:** Dr. Jan Lei Iwata will gladly complete any forms required for you to get your benefits for disability/time lost due medical leave or for other services. There will be a fee anywhere from \$25.00 to \$50.00 (or more) depending on the amount of copying or filling out of information required. This payment is due by you at the time the forms are completed. Insurance does not cover for these services.

**Missed Appointments:** We ask that that if you need to change, cancel or reschedule an appointment you kindly give our office a 24 hours notice by phone as other may be able to utilize that time slot. The fee charged will be determined by the time allowed for your appointment. I have a 24-hour phone service with voicemail available for your convenience if you need to cancel or reschedule an appointment. It is important to note that your health insurance will not reimburse for missed appointments. If you will be late for your appointment, please call our office as soon as you are aware of it.

**Return Check and Interest Charge:** Returned checks will be subject to a minimum of \$29.00 service charge or what ever the bank charges Dr. Jan Lei Iwata. Please note that an interest charge may be applied at a rate of 1.5% per month for any returned check.

**Insurance Authorization and Financial Obligation:** We encourage you to verify your health benefits and deductible amounts with you insurance provider prior to your first appointment as many policies for coverage and coinsurance responsibility have changed in the past year. Note that most insurance plans require prior authorization for advanced imaging, customized orthotics or other out patient-related office procedures. Our billing staff will call your insurance company but you must also report it. It is your responsibility to obtain authorization for services. Services rendered without proper authorization will be billed in full to you at a "self-pay" status.

**Billing:** We can provide you with a monthly statement of your account if requested. In other cases, which we can discuss, it will be your responsibility to submit this information to your insurance provider for reimbursement of payment for which you may be authorized. If you need to submit information directly to your insurance company, your statement will include all necessary information to assist with filing your claim.

**Motor Vehicle Accidents:** If you are involved in a motor vehicle accident, you must bring all insurances involved along with a letter from the insurance company stating that they will pay for all services. A lien will be filed to protect our fees for services.

*If you have any questions regarding this information, please do not hesitate to give us a call. We will be happy to explain it to you.*

Patient Name (Please Print) \_\_\_\_\_

I, \_\_\_\_\_, have read, understand and agree with the policies enforced by

**Dr. Jan Lei Iwata, 1 East Superior Place, #307, Chicago, Illinois 60611**

Date: \_\_\_\_\_