

Angela Scheuerle, M.D., P.A.
Tesseract Genetics

Financial Policy and Privacy Practices Notice

In order to help you, we need you to:

1) Obtain referrals from your primary care physician. These referrals are SEPARATE from those you may need for the hospital or other health care professionals.

Referrals should be for: Angela Scheuerle, M.D., Clinical Genetics

2) Pay your copay to the receptionist. We accept cash and checks only.

3) Complete the attached forms

4) Please let the receptionist or someone in the office know if there are any problems. We can only improve when we know where the difficulties are.

Payment of copay and other applicable fees are due **at the time of service**. If referrals are not available, you will be responsible for full payment of today's visit. If you have an insurance company for whom we are not a provider, you will be responsible for full payment of services received today. Questions about your insurance coverage should be addressed to your insurance company.

This office reserves the right to charge \$35 for missed appointments.

A charge of \$20 will be assessed for returned checks.

You will be billed separately for any lab work, radiology or other tests. Questions about those bills should be addressed to the billing company or test site. **This office will assess a \$20 sample handling fee for non-routine specimens payable as necessary at the time of the visit.**

“I hereby assign, transfer and set over to Angela Scheuerle, M.D., P.A. all of my rights, title and interest to my medical reimbursement benefits under my insurance policy with my insurance company. I give permission for Angela Scheuerle, M.D., P.A. to release information about me and my medical care for the purpose of obtaining payment from my insurance company. I understand that I am responsible for all charges not covered by my insurance company.”

With my signature I also acknowledge that I have received a copy of Angela Scheuerle, M.D., P.A Notice of Privacy Practices. In understand that the Notice of Privacy Practices covers only the use/disclosure of IHI by the practice of Angela Scheuerle, M.D., P.A. It does not apply to other health care providers, my insurance company, my family members or to information that I choose to share myself.

Patient Name

Date

Patient or Guardian Signature

Relationship to Patient