



FINANCIAL POLICY

Welcome to VilMed Inc. Please read carefully this important information about your Responsibility for payment for your care and services.

The physicians of VilMed, Inc. are participating providers with most insurance companies. However, our list of accepted insurances is subject to change at any time and not all plans under all companies are accepted. In order to avoid unexpected charges, please confirm that your particular health benefit plan is accepted by VilMed, Inc. **You should reach out to your insurance carrier when you initiate care here to familiarize yourself with the limits of your policy; your IN-NETWORK STATUS and what your insurance will and will not provide coverage for.** We do our best to guide patients through this process, but ultimately it is impossible for us to keep abreast of the requirements of the thousands of insurance products on the market.

It is an individual patient responsibility to understand the provisions, limits, and requirements of their individual benefit plan(s) and advise us accordingly.

Please be aware that, except as contractually agreed otherwise by VilMed, Inc., **patients are ultimately responsible for insuring payment for all medical services provided.** If a carrier denies payment for services because a plan requirement was not met, services were considered “non-covered”, the plan benefits were exceeded, care is considered medically unnecessary, or a treatment is considered experimental, etc. among other reasons, patients will be held accountable for those charges.

Although VilMed, Inc. submits claims to insurances for our patients, if your insurance requires you to pay a co-payment and or deductible, you will be required to pay that portion of the cost at the time of services. We will ask you for payment at the time of check in and registration at the front desk. If you come to us as an out-of-network provider, you hereby understand having accepted responsibility for charges as determined by your insurance company.

Please bring your insurance card with you each visit and notify our staff of any changes in your coverage. All patient accounts are to be paid at the time of service. We will ask you for payment on any outstanding balances.

*VilMed, Inc. accepts cash, checks, money orders, debit cards, and major credit cards.

Patient's First & Last Name	Date	Signature
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Carlos Omeñaca, MD, FCCP
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Financial problems should not be a deterrent to obtaining medical care. If you desire special arrangements, please contact the Business-administrator prior to your appointment for a private consultation.

LABWORK: Throughout the course of your care, VilMed, Inc. may send blood samples to a variety of clinical laboratories. If your insurance plan contains restrictions or limitations on lab work, please make that known to our staff before you blood is drawn or sent for processing. Provided you let us know in advance of a test being performed, we can in instance route routine samples to labs that will accept your insurance.

There may be some specialty tests required that only a limited number of reference labs are capable of performing. In those instances patients will be responsible for the fees incurred at those labs if their insurance does not participate with them.

Please be aware that VilMed, Inc. has no role in or control over billing issues related to clinical laboratory fees. If you have questions about bills received for laboratory charges or insurance coverage available to you, please contact the clinical laboratory in question and/or your insurance carrier. We regret that our billing staff cannot be of assistance to you in mitigating laboratory change issues.

OTHER FEES NOT COVERED BY INSURANCE:

Appointment Cancellations: When you make an appointment, we reserve time specifically for you. Unfortunately, when a patient does not show for their appointment, another patient loses an opportunity to be seen. Therefore, if you need to cancel or re-schedule, you are asked to notify us as soon as possible but no later than 24 hours in advance. Appointment cancelled without 24 hours notice may be assessed a cancellation fee of \$25.00. Habitually cancelling your appointments may cause us to ask you to find another physician for your healthcare needs.

PATIENTS WITHOUT INSURANCE:

As a courtesy for patients who do not have health insurance coverage, VilMed, Inc. has created a tiered self pay schedule which includes a percentage discount from our normal fees. Patients who have no insurance and pay in full at the time of service will receive the maximum discount.

Patient's First & Last Name

Date

Signature

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