

Optimal Health Physicians

15235 Shady Grove Road, Suite 102, Rockville, MD 20850
Phone: (301) 330-9430 Fax: (301) 330-6515 www.ohpmd.com

Payment Agreement

Patient Name _____ Date of Birth _____

Payment is Due at the Time of Service

All OHP charges are payable at the time services are rendered. While our standard medical services are commonly covered, our specialized testing may not be covered. We DO NOT guarantee reimbursement. For your convenience we accept cash, checks, and all major credit cards. Please read the “Payment Policy” section of this document below. We DO NOT participate in Medicare or with any insurance plans.

Payment is due at the time services are rendered. If there arise any unpaid balances, payment is due within 30 days of treatment.

We Do Not Participate in Medicare or Private Insurance Plans

Insurance plans and Medicare place extreme limits on allowable time and reimbursement for the length of office visits and scope of services, which we feel are absolutely critical and necessary when dealing with the highly complex and often long-standing conditions confronted by the majority of our patients. Our physicians have chosen to “opt-out” of Medicare and do not “participate” with any insurance plan (commercial insurance, HMO, MCO, PPO or other forms of health care plan). This opt-out of Medicare may also restrict Tri-Care participants from seeking reimbursement from that plan.

Medicare regulations require that all Medicare-eligible patients sign a private contract with OHP stating that you understand that Dr. Fishman, Dr. Rotunda, Dr. Behsudi & Dr. Williams are not allowed to submit claims to Medicare for services or on your behalf. Likewise, you are not allowed to submit claims or be reimbursed by Medicare for any charges from this office. If you have secondary insurance, you MAY be reimbursed for some portion. Please check with your insurance company.

This private contract for treatment by OHP outside of the Medicare plan must be renewed every year.

We Provide Our Patients with Documentation for Insurance Reimbursement

Depending on your private insurance plan coverage, you may be eligible for reimbursement for “out of network” services. Norton L. Fishman, MD and Optimal Health Physicians are not responsible for submitting claims to your insurance carriers for any service(s) and or product(s). This includes, but is not limited to office visit charges, laboratory and IV therapy fees, and diagnostic testing.

OHP will provide you with appropriate documentation you may submit to your insurance carrier(s) for direct reimbursement to you. These documents contain the details of the standardized charge codes (CPT codes), diagnostic codes (ICD-10 codes), and a recording of your payments for all services you receive at every visit, or after every phone consultation. We will not, under any circumstances, change any codes to “fit” insurance plans.

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It is your responsibility to address any problems or issues directly with your insurance company. Because we are “outside of network” providers, we have no standing with insurance companies to intervene on your behalf. If you receive requests for additional information about services we have rendered, please send us a copy so that we can try to provide you any additional documentation they require. Keep in mind that some of the laboratory tests we order are to “screen” for specific results but are not ordered for a specific disease. Some insurance company will not reimburse you for this reason.

Any monies mistakenly sent by carriers to OHP shall immediately be returned to the insurance carrier. Any issue related to your insurance coverage or reimbursement to you is between you and your insurance carrier(s). OHP will provide documentation from your medical chart if we receive such requests from your carrier.

Fee Structure

Fees for office visits and phone consultations are based on the complexity and length of the visit, and are determined by your doctor. Frequency and lengths of visits depend on the varying complexity of each person’s treatment over time. All laboratory testing, IV therapy, diagnostic tests and nutritional supplements are charged separately in addition to office visit charges.

New Patients

A new patient visit includes an extensive history, physical examination, evaluation and discussion that usually take two hours. Office visit charges for new patients are listed on the enclosed patient fee schedule and are dependent on time used. Credit card information is collected at the time the appointment is scheduled; however, that will only be utilized if the appointment is not cancelled within five business days or the patient does not come in for their appointment. New patient visits can be rescheduled, although the available appointment times may be many weeks later. Be aware that initial laboratory testing for a new patient with complex health issues can amount to \$1,000 to \$1,500.

Established Patients

Office visit charges for established patients are listed on the enclosed patient fee schedule and are dependent on time and/or complexity.

Telephone Evaluation & Management

Phone consultations are available as an occasional substitute for an office visit for established patients. Charges for scheduled telephone evaluation and management calls are listed on the enclosed patient fee schedule, and are dependent upon the length of the phone conversation. Brief calls just prior to or after an office visit are considered part of the office visit process and are not charged.

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Administrative Medicine: Disability, Workman’s Comp and Letters to Insurance Companies

We try to avoid charging patients for simple letters and notes. However, because documentation, summary reports and medical records required by government and regulatory agencies, insurance plans and other benefit, employer and educational organization can consume significant time and resources (including providers and administrative staff), we must charge for some of the time and resources needed to research, review and prepare documentation such as medical disability and workman’s compensation. Depending on complexity and time, these fees can range from \$50 to as much as \$350. We will do our best of provide you with estimates of these fees in advance.

Signature _____ Date _____

If signed by a person other than patient, state the relationship to patient:

- Parent
- Legal guardian
- Medical power of attorney