

Patient Registration

Patient Agreements

* I agree to pay all laboratory fees sent from this office, including pathology reports which are not covered by my insurance plan or if I am a self paying patient. I understand that these fees are in addition to any medical office fees for which may be rendered to me by Dr. Margulies.

Signature of Patient or Parent/Guardian of Patient

Date of Signature

* I hereby agree to pay for all services rendered to me, including attorney's fees, collection agency fees, and/or court costs necessary to affect payment of this amount. **I also understand that interest rate if 1.5% per month may be charged should my account become delinquent.**

Signature of Patient or Parent/Guardian of Patient

Date of Signature

Patient Obligations

Copayments If you are an enrollee of a managed care (HMO), PPO, or POS plan that Dr. Margulies is contracted with, **you are required to pay your copayment amount each time services are rendered to you by Dr. Margulies.** Your appointment will be rescheduled if you are not prepared to pay at time of service unless prior arrangements have been made with our billing department.

Referrals/Authorizations If you are enrolled in an HMO, PPO, or POS plan, your health plan may prohibit any/all medical services provided by this office and Dr. Margulies without a referral or authorization from either your health plan or your primary care physician. **It is the responsibility of the the patient to retrieve his/her own referral/authorization.** Should you arrive for your appointment without your referral or authorization you as the patient have 1 of 2 options:

1. You can reschedule your appointment for another day, or
2. You can pay for the visit at the time of service. Our office will hold your payment for no more than 3 working days. If the referral/authorization is provided within the 3 working days, your payment will be refunded back to you.

Dr. Margulies & staff are dedicated to working with you and your insurance carrier to get the best possible reimbursement and to keep you the patient satisfied to the fullest.

Annual Deductibles In addition to the copayments, some plans also have annual deductibles. You may be required to pay this said amount at the time services are rendered to you. In the event that there is a balance due from you after your insurance carrier had paid its portion, we will bill you. In the event that there is a balance due from you after your insurance carrier had paid its portion, we will bill you. There will only be three (3) statements sent to you. The third (3rd) and final statement will advise you that no further bills will be sent and at which time your account will be forwarded to national collection agency. To avoid this situation, please pay your bill promptly after you have received your first statement. Should you not understand the reason of your balance, do not hesitate to contact our billing department.

Note to the Patient

You as the patient have the responsibility to understand all of your patient agreements and obligations. It is not the responsibility of the staff of Dr. Margulies to know how your insurance plan works. Should you not sign any of the agreements and obligations, Dr. Margulies reserves the right not to provide medical services to you.

Signature of Patient or Parent/Guardian of Patient

Date of Signature

Michael C. Margulies, M.D., P.A.

8940 N. Kendall Drive ~ Suite 704-E ~ Miami, FL 33176

Tel: (305) 595-0393 ~ Fax: (305) 595-0911