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*Diplomate of the American Academy of Neurology
Diplomate of the American Board of Sleep Medicine*

Office Policies

Effective 11/25/09

Missed Appointments/Untimely Cancellations and Reschedules

Please be courteous to fellow patients awaiting appointments and sleep studies and provide us with at least **24-48 hours** notice if you are unable to make your appointment. We reserve the right to charge for missed or untimely canceled/rescheduled appointments. Excessive abuse of scheduled appointments may result in discharge from the practice.

Late Cancellation/Reschedule Charges:

Late cancellation fees will be assessed if you fail to comply with this policy. Please note that late cancellation fees are YOUR responsibility and cannot be billed to your insurance company.

- There is a **\$100 late cancellation fee** for sleep studies cancelled/rescheduled with less than 48 hrs prior to the day of study. If your study was scheduled during the weekend, you must notify the office staff on Thursday before 4:00pm.
- There is a **\$30 late cancellation fee** for new/established patient consultations that are cancelled with less than 24 hours notice. Patients will not be rescheduled for a new patient visit unless this fee is paid in advance.

Payment policies

Sleep Diagnostics, LLC does everything possible to minimize the cost of medical care. You can help a great deal by eliminating the need for us to bill you. The following is a summary of our payment policy.

All payment is expected at the time of service

I understand that I am under contract with my insurance company and I am responsible for paying my co-payment when services are rendered, unless other arrangements have been made in advance. Sleep Diagnostics, LLC accepts cash, personal checks, Visa and MasterCard. There is a service charge \$35 for returned checks.

Outstanding Balance

Patients with an outstanding balance of 60 days overdue must make arrangements for payment prior to scheduling appointments. We realize that people have financial difficulty. Please communicate with our billing and collection specialist so that they may assist to create a financial plan with you.

Insurance

I understand that my medical insurance carrier shall be billed by Sleep Diagnostics, LLC first before I receive any bills. In the event that my insurance carrier sends payments for services directly to me, I understand that it is my responsibility to forward these payments to Sleep Diagnostics, LLC in order for the proper credits and payments to be applied to my account. I also understand that only after my insurance has finalized their payment, Sleep Diagnostics, LLC will calculate my responsibility and provide me with an invoice and/or statement to outline my charges. We bill participating insurance companies as a courtesy to you. If we have not received payment from your insurance company, you will be expected to pay the balance in full. You are responsible for all charges.

Please Note: Your Explanation of Benefits (EOB) from your insurance carrier is NOT a bill from us, and is not indicative of the IN-NETWORK charges you will be billed from us. Please do not be alarmed if your EOB shows high charges as your responsibility. **Please call our office and not your referring physician with any questions or concerns.**

Billing Questions

If you should need any assistance or have questions, please call our billing specialist, (804) 272-5039, 9am to 4pm, Monday through Friday.

Credits

Overpayments will be credited upon written request to the responsible party within 30 days of our office confirmation.

By signing this document states you have read and understood the policies stated above.

Patient's Printed Name/Guardian

Patient's Signature/Guardian

Date

7305 Boulder View Lane, Richmond, VA 232225
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