

**Delaware Medical Care Associates, LLC.  
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**FINANCIAL POLICY**

Thank you for choosing us as your health care provider. We are committed to providing the best treatment for our patients. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our financial policy, which we are required that you read and sign prior to your receiving your treatment.

Your medical insurance policy is an agreement between you and your insurance carrier. Please be advised the Insurance policies vary widely as to coverage, co-payments, deductibles, and referrals. Your insurance company requires that you know your coverage and benefits. You should be familiar with the provisions for medical services, what your insurance covers, what deductibles, co-payments, and referrals requirements you must be responsible for. Insurance companies pay health cost according to their fee schedules, which may or may not coincide with actual fees that are charged. Although insurers call their schedules "usual and customary" in fact they are often based on information gathered three to five years ago. What a physician charges will be higher than what the insurance company pays; this does not mean the physician is overcharging, it means that the insurance company pays what they have decided to pay, not what is charged. If we are not contracted with your insurance company, unpaid balance will be the responsibility of the patient. For those patients **FULL PAYMENT IS DUE AT THE TIME THE SERVICES ARE RENDERED.**

**MEDICARE:** We are a contracted provider with Medicare. Payment from Medicare will come directly to us. We attempt to bill your secondary insurance when applicable for the coinsurance portion of your services. If your secondary insurance company does not respond to our claim within 30 days you will be responsible for any unpaid portion of your bill. Please also take notice that Medicare requires that all patient who carry Medicare as primary will be subjected to pay \$185 deductible at the beginning of each year. You may be asked to pay the deductible at the time of your services are rendered to avoid being billed later.

**MEDICAID:** We are a contracted provider with Delaware and Maryland Medicaid.

**WORKERS' COMPENSATION / AUTO ACCIDENT CLAIMS:** We do not participate for these services.

**ALL OTHER COMMERCIAL INSURANCES:** If you are covered by an insurance plan that we are not contracted with, we ask that payment is made at the time of service. If you are unable to pay in full at the time of service a partial payment is required by paying half of the full amount of the fee that is charged by our physicians. Payment will need to be made in full by your next scheduled appointment. For your convenience we accept payment by **CASH, CHECK, MONEY ORDER, AND/OR CREDIT CARD.** We will also accept postdated checks after a payment plan has been set up with our billing office.

Delinquent accounts will be referred to a professional collection agency. If any balance is not paid in full within 60 days of your first bill. The balances will be placed on your credit report.

We do our best to send each patient to the appropriate laboratory, radiology center or pharmacy. Please understand that some plans, even within the same company may have different requirements. Therefore, we are not responsible for bills you may receive for services from facilities that are outside of our practice.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_