

Jamil S. Sulieman, M.D., Inc.
Pulmonary and Sleep Medicine



THE SLEEP LAB OFFICE
A Sleep-Related Breathing Disorders Laboratory
46-001 Kamehameha Hwy, Suite 314
Kaneohe, Hawaii 96744
TELEPHONE: (808) 234-0033
FAX (808) 234-0055

KAILUA OFFICE
642 Ulukahiki Street., Suite 303
Kailua, Hawaii 96734

FINANCIAL POLICY

We are committed to providing you with the best possible care. In order to achieve this, we need your assistance and understanding of our payment policy.

1. **All insurance co-pays must be paid on the date of the visit, as required by your insurance.**
We accept cash, checks, and all major credit cards: Visa, Mastercard, Discover and American Express.
2. We will be happy to assist you in preparing your insurance claim form for reimbursement and will accept assignment of benefits, upon receiving a fully completed patient information form, and current insurance information. All balances must be paid within 30 days of the statement.
3. Returned checks and balances older than 30 days may be subject to additional collection fees and interest charges of 1.5% per month.
4. There is a \$25.00 fee for office visits not canceled or rescheduled without 24 hours notice. There is also a \$50.00 fee for sleep study appointments canceled or rescheduled without 48 hours notice. If a patient shows up too late for the technician to complete an adequate sleep study, it will be treated as a broken appointment.
5. If your account is sent to a collection agency, the collection agency fee will be added to your bill.

It is important to present your insurance card(s) at the time of your scheduled appointment, otherwise your appointment will be rescheduled.

Our fees have been accepted by most insurance companies as falling within U.C.R. (usual, customary and reasonable). However, many insurance companies make up their own fee schedule for services and therefore pay a percentage of their own fee for that service, which may result in a balanced owed.

Not all services are covered benefits by insurance companies. There are some insurance companies that arbitrarily select services that they will not cover.

Your insurance is a contract between you, your employer and your insurance company. As your healthcare provider, our relationship is with you, not your insurance company. While filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered. If problems do arise, we encourage you to contact us promptly for assistance in management of your account.

Patients Signature: _____

Date: _____