

FINANCIAL POLICY

Dear Patient:

Thank you for choosing us as your health care provider. The following is our Financial Policy. Our main concern is that you receive the proper and optimal treatments needed to restore your health. Therefore, if you have any questions or concerns about our payment policies, please do not hesitate to ask our office staff.

We ask that all patients read and sign our Financial Policy as well as complete our Patient Information Form prior to seeing the doctor.

Due to the increases in costs and decreases in reimbursements from insurance companies, we will only bill primary and secondary insurance companies for whom we are providers, and for which the payments are made to us directly. Our patients must provide us with the proper billing information. Payments for services are due at the time services are rendered, unless we have accepted the assigned insurance. We accept cash, checks, and for your convenience, MasterCard and Visa.

WE DO NOT BILL FOR ANY COSMETIC SERVICES. THESE ARE THE PATIENTS' RESPONSIBILITY AND ARE PAYABLE AT THE TIME OF SERVICE.

We will be happy to give you what you need to process your own insurance claim, but you must understand you are responsible for determining your coverage and your eligibility and whether you have a deductible to meet. If your insurance sends us the money on a claim you have already paid, it will be endorsed and refunded to you by mail when it is received. Your insurance policy is a contract between you, your employer and the insurance company. We are NOT a party to that contract. Our relationship is with you, not your insurance company.

- (1) WE ARE MEDICARE PROVIDERS- which means that Medicare will pay us directly 80% of what they deemed a reasonable fee. Medicare patients are ALWAYS RESPONSIBLE FOR THE REMAINING 20% and their yearly deductible. We will bill secondary insurance ONLY if we are participating providers.
- (2) Medicare also now considers certain growths and procedures as COSMETIC OR MEDICALLY UNNECESSARY. If you wish these growths removed or these procedures done, then you will personally be responsible of the full fee which is due at the time of service.

- (3) All charges are your responsibility whether your insurance company pays or not. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Fees for these services, along with unpaid deductibles and co-payments are due at the time of treatment.
- (4) If the insurance company does not pay your balance in full within 30 days, we ask that you contact the carrier to help speed things up. California Health and Safety Code section 1371 requires the insurance company to respond to a claim no later than 30 working days from receipt of the claim.
- (5) If the insurance company does not pay your balance in full within 45 days, we require you to pay the balance due with cash, check, MasterCard or Visa.
- (6) Returned checks and balances older than 45 days may be subject to additional collection fees and interest charges of 2% per month. If the claim for fees is unattended to by the end of 90 days, it will AUTOMATICALLY be turned over to a collection source.
- (7) If you require record copies for insurance purposes, there will be a record copy fee of \$35.00.

Please note that, unless cancelled at least 24 hours in advance, you **will be charged \$25.00** for each missed appointment. Please call during office hours if you have to reschedule.

We understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such problems before you are treated so that we may assist you on the management of your account. If there is any concern as to the COST of a procedure, please inquire BEFORE the procedure is done.

Again, thank you for choosing us as your health care provider. We appreciate your trust in us and we appreciate the opportunity to serve you.

Patient Signature _____

Date _____

Printed Name _____