



We are committed to providing you with the best possible care and are happy to discuss our professional fees and payment policies with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy or your responsibilities.

**Payment and Insurance**

Together we can work collaboratively to keep healthcare costs down.

If you are enrolled in an HMO, you must provide the required prior authorization at your scheduled appointment. Should there be a remaining balance after the insurance payment, you will receive a statement. You are responsible for the timely payment of your account.

Insurance is a contract between you and the insurance company. As a party to your insurance contract, we will handle your claims according to our agreement with your insurance company. We will not get involved in disputes between you and your insurance company regarding deductibles, co-payments, non-covered services, secondary insurance, etc.

It is your responsibility to know the details of your health plan. Some insurance plans do not cover certain procedures. If you are in doubt as to whether a procedure, lab test, or x-ray is covered or unsure as to where it must be performed, please call your plan's member services department to clarify.

Full payment is due at the time of services, but if you are enrolled in a non-contracted insurance plan we will bill them as a courtesy for you if you provide us your current enrollment information. For patients paying cash, we require payment in full at the time of service.

- We accept cash, check, debit card, and all major credit cards.
- If your check is returned for non-sufficient funds (NSF), we will add a service charge to your account.

**Financial Hardship**

If you are having financial difficulty, our business office will be happy to work with you. If we establish a payment plan, we ask that payments be made as scheduled, each month and on time.

**Tests and Surgery Charges**

If your visits include laboratory tests, radiology, biopsies, pap smears, or cultures, you will receive separate billings from the company performing the processing and evaluation of those tests, e.g. Hoag Imaging, LabCorp, Quest, etc.

Prior to a surgery, we will obtain insurance coverage information and determine what portion, if any, of the fee will be your responsibility. You will be required to pay a percentage of that portion prior to surgery. If your insurance pays more than the balance due, we will refund your prepaid portion.

**Cancellations & No-Shows**

Please keep the appointments you have requested. We have reserved that time for you in order to take care of your healthcare needs. If you miss an appointment and do not reschedule, you run the risk that your physician will not be able to detect and treat a serious health condition. Please call us at least 24 hours prior to your appointment if you need to reschedule. This helps us fill your spot with another patient in need of an appointment. If you do not notify us you may be charged a \$50 fee. This fee is not covered by insurance carriers and will be your responsibility. If you fail to call us to reschedule your appointment, you will be considered a no-show. You will be charged the \$50 fee. If you have three no-shows, this may result in dismissal from our practice.

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I have read and understood the above information. I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance on my account for all services rendered.

Patient Name: \_\_\_\_\_ Responsible Party: \_\_\_\_\_

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