



Overview of Financial Responsibilities

Practice Responsibilities: To submit claims to insurance, and statements to the patient/responsible party based on the information made available to us. To provide patients with the network and billing information that is available to us.

Patient/Parent/Guardian Responsibilities: To understand their own insurance network and benefits. To assure that our office is provided with the most current information known about their insurance, and to inform us of any changes in insurance or demographics (address, phone numbers, etc.) To pay within 30 days any balance signed and patient responsibilities (e.g., co-pay, deductible, and co-insurance).

PATIENT INFORMATION

| | | | |
|--|-------------------------|--------------------------|--------------------------|
| Patient Name (First, Middle, Last) | | Date of Birth | |
| Insurance Subscriber Name (If not Patient) | Relationship to Patient | Insurance Subscriber DOB | Insurance Subscriber SS# |

Detailed Policies

Initial Here

Patient must understand their OWN network, plan benefits, and plan limitations. Your health insurance is an agreement between you and your insurance. All charges are ultimately your responsibility, whether you have insurance or not. Not all services are covered under all plans, regardless of whether our doctors consider the care medically necessary. Because there are so many plans, it is not possible for us to know the specific details of your coverage. By making a copy of your card, it does not confirm that we are part of your Network. We always do our best, but failure of our office staff to identify out-of-network plan does not waive your responsibility for payment of services rendered.

We are in network with most traditional PPO plans: Our current and best understanding of our network participation is on our website. **We are out-of-network with some insurances. This means you will be responsible for charges up to your out of network coverage.** Our recommendation is to call your insurance about a week before your appointment and ask if your plan's network includes our office, and what patient cost sharing may be applied. You authorize your insurance to pay us directly.

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Bring patient's Insurance Card to every visit. Patients with insurance are responsible for ensuring that our insurance records and other information are up to date. Patients who have not presented a valid active insurance card will be considered self-pay/cash-pay- and they must pay a minimum of \$ 50 visit fee at arrival. Patients will have full responsibility for charges if we cannot process a claim due to incomplete, inaccurate or obsolete information. If your insurance changes, you must notify us immediately (even if you do not yet have your card); delays caused by patients can result in the claim being uncollectible from insurance, resulting in patient having full responsibility for all charges.

Initial Here

Co-Pay, Self-Pay, and Testing services are due at the time of Service. Co-Pay is always expected at date of service. There is a \$ 5 billing fee for all Co-Payments that must be billed after the date of service. For patients with high deductible plans, a \$ 50 payment will be collected on date of service towards the office visit. In some cases, we will ask for additional payment towards coinsurance or deductible prior to treatment.

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All procedures and lab services have fees, in addition to the visit fee. Co-pay is usually for office visit only and does not typically cover procedures. Estimates for medical procedures are not typically given by the doctor; estimates can be provided, but procedures will typically need to be rescheduled for another day. Labs, imaging and other test sometimes must be ordered, and may be furnished by independent sources to complete a diagnosis. We are not responsible for those charges; Contact those billing facilities for billing questions.

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Bills are DUE UPON RECEIPT. We are required to collect CO-PAY, DEDUCTIBLE, AND CO-INSURANCE. Past due balances will be assessed a \$ 10 statement fee for each additional statement we must send. Any self-pay, out of network, or other courtesy adjustments will be rescinded if account becomes over 30 days past due. We may charge 18% interest or as allowed by law for any delinquent payment. We provide multiple efforts to resolve balances prior to use of a collection agency, however, additional fees up to 50% of your charges may accrue from collections activity. Returned checks will be assessed \$ 25 fee.

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Appointment and Procedure Cancellation Fees. Out of courtesy to other patients that need appointments, please notify us if you need to cancel at least one full business day prior. To encourage early notice, the following fees will apply for late cancellation or no shows. \$ 50 for a regular appointment and \$ 100 for a surgical procedure or surgery appointment.

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Your health information is protected. We must release patient health information to complete medical operations (e.g., to pharmacies, labs, insurance, other physicians, etc.) Any other release requires your written consent. Our Notice of Privacy Practices is available to you. We may leave a detailed message on your home or cell phone with Health Information.

PLEASE LIST ANY OTHER INDIVIDUALS WITH WHOM WE CAN ALSO DISCUSS THE PATIENT'S CARE IN DETAIL (e.g., spouse, parent, child, etc.)

Name of Health Contact

Relationship to Patient

Primary Phone

Name of Health Contact

Relationship to Patient

Primary Phone

Name of Health Contact

Relationship to Patient

Primary Phone

Agreement by Patient (or Parent or Guardian). I have read each policy. I understand them and I agree.

Signature of Patient (or Parent or Guardian)

Date

Printed Name of Patient (or Parent or Guardian)

Date of Birth

Social Security Number

Street Address (Street, City, State, Zip)

Preferred Phone Number ___Cell ___Home ___Work ___Other

Email

We Look Forward To Providing You Excellent Service

Thank you for taking the time to understand our Billing Policies. Please contact our office with any questions. 949-499-4565.

Address: 31862 Pacific Coast Highway, Suite 201, Laguna Beach, CA 92651