



## Financial and Billing Policies

**Declaration:** You are the primary person responsible for your bill, not the insurance company.

### Co-Payments and Deductibles:

Co-pays and deductibles are due and payable at the time of your visit. There is a \$20 billing charge for co-pays not paid on the date of service (co-pays may be paid in cash or by check). Our office staff does not have authority to waive collection of co-pay and deductible amounts.

### Insurance:

Please provide us with all the necessary information to enable us to bill your current insurance carrier for you. **We require you to produce your insurance card at the time of your appointment**, so that we can scan it into our system. We are unable to accept any other form of identification for insurance purposes. To assure continuous coverage, whenever your insurance changes you must notify us prior to your next office visit or when you schedule an appointment. We will again need to see your insurance card so that we can scan it into our system.

**No card – No insurance.** You are responsible for the bill in full at the time of service if you do not have a current insurance card.

### Statements:

Statements are sent out on a weekly basis. If you have insurance, we will bill your carrier for you. You will not receive a bill from us until we have heard from your insurance carrier. If we have not received payment from your insurance carrier within 45-days of the date of service we will rebill your carrier one time only and you will be asked for immediate payment while we await a response from your carrier. **For billing questions there is a separate telephone number: 866-237-0204.**

If your check is returned by the bank due to insufficient funds, there will be an additional \$35 charge added to your account that you are responsible to pay. (This charge compensates us for bank fees and rebilling expenses.)

Any balance due at 90-days is immediately payable or a payment schedule must have been negotiated with the business manager. Failure to clear an account balance within 90 days or failure to adhere to a payment schedule will result in consideration for immediate referral to a collection agency. Any amount shown as “due from the patient” on your statement has been processed and identified as your responsibility by your insurance carrier, or your carrier has failed to respond in a reasonable period of time.

**Cancelled Appointments:**

We request 24-hours' notice on any cancellation of appointments in order to smoothly deliver service to our patients. We understand that there may be rare exceptions, but it is mandatory to cancel appointments at your earliest convenience. If you are an established patient and fail to keep an appointment without cancellation, we will charge you \$50; if you are a new patient we will charge you \$100. If you fail to keep three or more appointments, we may ask you to seek medical care elsewhere.

**Refill Prescription Policy:**

All refills for prescriptions are done by fax through your pharmacy. Our fax number is (925) 945-7842. We will fax back to your pharmacy the refill within 48 hours. Please do not leave your refill request to the last minute. There can be a delay between your request to the pharmacy and their fax to us that could add a day. Requests made on a Friday are not filled until the following Monday or Tuesday. There is a \$10 fee for all lost prescriptions.

**Disability Forms:**

- Please allow at least 2-3 business days for us to complete your forms.
- Before dropping off your forms, please fill in your
  - name
  - date of birth
  - first date of disability
- For your convenience, our business office can mail or fax your forms to the appropriate agencies at your request. Otherwise they may be picked up at our front desk once they are completed.
- Our business office will be happy to answer any questions regarding your disability forms, please contact them at **925-945-0246** to schedule a mutually convenient time to discuss your needs.

**Fees for Completion of Forms:**

- There is a \$35 charge per form to complete forms such as disability or FMLA. However, we will complete one State Disability Form (EDD Form only) per patient at no charge. There is a \$15 processing fee for all lost forms.

Fees for completion of forms, lost forms, prescriptions, etc. are due and payable in advance and cannot be billed to your insurance carrier.

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

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