



PRACTICE POLICIES

Payment for Office Visits and Office Procedures

We find it easier and less confusing if we clarify our office billing and payment policy at the beginning of your treatment program. Prompt payment allows the controlling of unnecessary costs.

Medicare: Medicare will be billed directly on your behalf and if you have supplemental insurance, the claim will be forwarded directly to them. You are responsible, however, for your deductible and all co-payments. These must be paid for at the time of service. For services not covered by Insurance, payment is due at the time of service.

Others: Payment is due in full at the of service. If you have insurance, we will submit the claim to your insurance company as a courtesy. Please remember that your insurance coverage is an agreement between you and your insurer. Due to the high cost of some procedures and diagnostic tests, a partial payment or co-payment may be accepted at the time of service and your insurance company will be billed. Please remember that you are responsible for the full payment and that all bills are due and payable upon receipt of statements.

All Patients: Please remember that you are responsible for all fees and those bills are due and payable upon receipt of statements. Any patient balance greater than sixty days is subject to interest at the rate of 1.5 percent per month.

Cancelled and Missed Appointments

Occasionally an appointment needs to be rescheduled. By providing advance notice, we are able to schedule other patients who are in need of an appointment. We appreciate your cooperation. **Patients may be charged a fee of Seventy-Five dollars for missed appointments and appointments that are cancelled with less than 24-hour notice.**

Patient Access to Medical Records

In accordance with California Health and Safety Codes, a patient is entitled to a copy of her/his medical records. There is a cost of 50 cents per page plus a clerical fee of fifteen dollars. If at a later time, another copy is requested, there will be an additional fee. Records are to be picked up in this office and must be signed for by the patient. If this is not possible and the records must be mailed, then an additional fee for postage and handling will be charged. Fees must be paid in full prior to copying and receiving records.

Acknowledgement

By signing below, I hereby acknowledge that I have read the above, understand, and agree to the Practice Policies.

Printed Name: _____ **Relationship:** _____

Signature: _____ **Date:** _____