

## FINANCIAL POLICY

Please be assured that the physicians and staff of this practice are dedicated to providing medical care of the highest quality to all our patients, in an atmosphere of caring, trust and mutual respect.

Your complete understanding of your financial responsibilities is essential; it takes a team that includes patient participation, to succeed with insurance processing and reimbursement. Failure by the insurance company to pay, results in the balance being transferred to the patient for payment. We thank you in advance for taking the time to review these policies. Please feel free to discuss any concerns or questions you may have with anyone of our billing staff or our Practice Manager. Although it is ultimately the patient's responsibility to understand the benefits of their own health plan, we would welcome the opportunity to assist you in understanding the complexities of health insurance today.

### Things to bring with you to your initial visit:

- Current Health Insurance Card(s) - If we do not have a copy of your current insurance card(s), you may be asked to pay up front for the visit or reschedule to such a time that we have proof of your eligibility and coverage.
- Photo ID – This assists us in verifying identity and protecting patients against medical identity theft/fraud.
- Method of payment- Co-pays, deductibles, and other applicable out-of-pocket expenses are due at the time of services. If you do not have method of payment, your appointment will be rescheduled. For your convenience, we accept checks, credit cards, debit cards and cash.

### Cash Pay/Fee for Service:

We offer a reasonable discount for cash pay/fee for services for patients who have no health insurance coverage. Prior to your visit, you will be provided an estimate of the visit cost and will be required to pay in full at time of check-in on the day of your appointment. In the event the physician carries out additional procedures/tests, you will be required to pay for these at the time of check-out.

### Co-pays, Deductibles, and Co-Insurance:

- We are obligated to collect the co-pay at the time of your visit, even if you are sick. We are required to do so by your insurance plan. The co-payment amount is determined by the individual insurance policy.
- Some insurance plans require that patients pay a predetermined dollar amount prior to services being covered. If Verification of Deductible is unable to be made, payment of the full deductible is due at the time of service.

### Patient Responsibility:

- It is the patient's responsibility to know and understand their insurance plan benefits, and what services their plan will not cover, as well as verify provider network participation.
- It is the patient's responsibility to provide current and correct insurance information, Failure to do so may result in the inability to collect from the insurance company, and the balance will be the patient's financial responsibility.

### Insurance:

We are contracted with multiple insurers to accept assignment of benefits. We will bill those plans with which we have an agreement and will only require you to pay the authorized co-payment, co-insurance, and deductible at the time of services.

**Out of Network:**

If you have insurance coverage under a plan with which we do not have a contract, this is considered out of network. You are responsible to know if your plan has out of network benefits. As a courtesy, we will process your claims. You will be expected to pay any unsatisfied out of network deductible prior to your visit. If your out of network deductible exceeds our house charge, you will be expected to pay our cash price for the visit prior to receiving services. You will be expected to pay any outstanding amount after your plan adjudicates your claim and we have applied the payment received for your visit; you will be expected to pay upon receipt of your statement. Failure to do so may result in a collection referral.

**Medicare:**

Please make sure you have a full understanding of your Medicare benefits and what might be your responsibility if not covered by Medicare. We ask patients to sign an ABN whenever Medicare appears likely to deny payment for a specific service. Medicare requires that we provide patients with a written notification whenever it is likely that you will be responsible for the bill.

**Medi-Cal:**

Eligibility is verified on a month-to-month basis. Please ensure that you bring your Medi-Cal card to every visit. In the event you do not bring your card, your visit may need to be re-scheduled until such a time that we have proof of your Medi-Cal eligibility and coverage.

**HMO Insurance:**

If you are enrolled in an HMO Plan (including Medi-Cal HMO Plans such as Clinicas Del Camino Real) a referral from your Primary Care Physician is required. It is the patient's responsibility to verify that a referral is in place before the visit.

**Outstanding Balances/Collections:**

- Prior to providing additional services to patients, payment in full of total outstanding balances will be required.
- We will make every effort to work with patients regarding outstanding balances and arranging payment plans when appropriate. It is the patient's responsibility to request assistance if they are unable to pay promptly. Unpaid balances that are greater than 90 days old will be referred to an outside collection agency.

**Miscellaneous Fees:**

- If for any reason you are unable to keep an appointment, please notify our office 24 hours in advance. There will be a \$25.00 charge if a 24-hour notice is not received.
- There is a \$25.00 fee for all returned checks.

**Refunds:**

Refunds are issued to the appropriate party. Patient refunds will not be processed until all active or past due charges are paid in full.

By signing below, you signify that you have read and understand the Financial Policies of West Coast Pulmonary & Sleep Disorders Center.

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Print Name

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Signature

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Date