

Pacific Grove Family Medicine
PAYMENT AND COLLECTION POLICIES

Thank you for choosing Pacific Grove Family Medicine for your medical care. The credit and billing policy is designed to explain our collection practices. Please let us know if you have any questions.

Our physicians participate in many insurance plans. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you and payment will be expected upon receipt. **Partial or monthly payments will not be accepted unless otherwise agreed upon.** These agreements must be current in order to continue medical care with our practice. If financial agreements or medical necessities are not kept in good faith, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.

We require you present a copy of your current insurance card at each visit. In order to extend credit, we will also need your social security number and a picture ID. If you do not provide us with an up to date insurance card, payment in full is expected until we can verify your coverage. Your insurance carrier requires that we collect copayments prior to your visit. **Copayments are always due at time of service.** Once you have been seen in our office and are informed that your insurance information has changed prior to your recent visit please contact us immediately at our billing office: **408-530-9300.**

If your account is placed with an outside collection agency, you will be charged the full amount of collection fees, attorney fees and allowable court costs. Please note that placement with an outside agency may cause us to terminate your care with our office.

Your insurance company will determine what amount, if any, you owe to Pacific Grove Family Medicine. Please be aware that some (and perhaps all) of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. If there is a balance due on your account, we will mail a detailed statement which is due upon receipt. **Do not assume that any statement you receive will be paid by your insurance company.** For your convenience, we accept cash, money orders, checks, and Visa, MasterCard, Discover, and American Express. If your check is returned for insufficient funds, we reserve the right to add a penalty charge of \$25.00 to your account.

The completion of disability forms, FMLA forms, attending physician statements, and other supplemental insurance forms all require office supplies, physician and staff time to complete. Therefore, a \$10.00 fee for each form will be charged and must be pre-paid. Note, there will be a 14-day turnaround time for completion, so please make arrangements accordingly. Non-standard or multiple page forms may result in a higher rate. The following procedures are not filed with insurance companies and are subject to prepaid amounts. Sports, college, and school (eye, ear, and dental) physicals are a \$35.00 prepaid fee. DOT, pre-employment, and adoption physicals are a \$75.00 prepaid fee. Any additional labs/procedures that are not included in these services may incur further charges. We do not file MVA claims to third party insurance. Self-pay patients are to pay the office visit fee before the visit and the remainder at check out. Self-pay patients are to pay the office visit fee before the visit and the remainder at check out. Self-pay patients may receive an additional bill for services rendered.

If you fail to arrive (no show) or fail to cancel your appointment without rescheduling or advance notice, you will be charge \$50. As a courtesy, a reminder call is made by our staff a day prior to your appointment, but in no way does this relieve the patient of the responsibility to fulfill their scheduled appointment.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of Patient (or responsible party)

Date