



If you have concerns about charges or insurance coverage, please ask prior to service

HEALTH MAINTENANCE ORGANIZATIONS (HMO)

- 1. A REFERRAL FORM from your primary care physician is required. You are responsible for assuring that it has been received by our office prior to your visit.
- 2. CO-PAYMENTS are due on the date of service. You may be charged a \$10 administrative fee for co-payments which have to be billed.
- 3. Patients have the option of signing a waiver of insurance, thereby accepting responsibility for payment of services, in lieu of a referral.

PREFERRED PROVIDER ORGANIZATION (PPO)

- 1. Co-payments and Deductibles are the patient's responsibility. You may be charged a \$10.00 administrative fee for late co-payments & deductibles.
- 2. If you are unsure whether our physicians are members of your particular PPO, please refer to your policy information or employer prior to receiving treatment. Because insurance companies contract with other carriers, the office is not always aware of all PPO's with which we are contracted.
- 3. If you have a secondary insurance we will bill it for you. In most cases you will be billed only after your secondary insurance has paid.

PRIVATE INSURANCE (Non-contracted)

- 1. We will bill your insurance for you if you provide us with the necessary information.
- 2. You will be billed monthly for all services.
- 3. Unpaid services older than 45 days are delinquent.

PERSONAL PAY (Including portions not paid by insurance)

- 1. Payment is expected on the day of service.
- 2. We accept cash, checks, VISA, Master Card, and Discover.
- 3. Payment arrangements can be made with a Financial Counselor.

ADMINISTRATION FEE/CHARGE

There is an administrative charge to complete disability forms, insurance forms, and other forms that require comment(s) and/or signature from the physician.

MISSED APPOINTMENTS

You may be charged for a missed appointment, untimely cancellation of an appointment, surgical cancellation fee for late cancellation and or failure to comply with surgical instruction/s.

Our Personnel in the Billing Department are available to answer your questions. They are available by phone Monday through Friday, 8:30 a.m. until 5:00 p.m., (707) 546-1922.

Signature below is only acknowledgement that you have received this Notice of our Financial Policies.

Signature of Patient or Legal Representative _____ Date: _____

Print Name of Participant or Legal Representative _____