



Pulmonary Consultants &  
Primary Care Physicians  
Medical Group, Inc.

## STATEMENT OF FINANCIAL POLICY

Thank you for choosing Pulmonary Consultants & Primary Care Physicians Medical Group, Inc. as your health care provider. We are committed to the success of your treatment and care. As part of this relationship, we wish to establish our expectations of your financial responsibility as outlined in our Financial Policy, which we ask all of our patients to read and understand. If you have any questions, please feel free to discuss them with our business office staff, (714) 639-7020.

We will be happy to bill your insurance company, but we need complete information including a copy of your insurance card. Please give that information to our front desk staff or mail back to us in the attached envelope.

**Methods of Payment:** We accept Cash, Checks, Visa and Master Card.

### **About Your Insurance Coverage:**

- Commercial/Indemnity Insurance: Your policy is a contract between you and your insurance company. Since we are not a party to that contract, your account balance is your responsibility whether your insurance pays or not. As a courtesy, we will file a claim on your behalf. However, if your insurance does not pay within 60 days, you will be responsible to pay the balance of unpaid charges and follow-up with your insurance directly.
- Managed Care Plan (HMO, POS, PPO): You will need to pay any co-payments, deductibles, and non-covered services at the time services are rendered. It is the patient's responsibility to verify a physician's participation in their health plan prior to making an appointment. If you are seeking specialty (Pulmonary) services and your plan requires a referral, you need to contact the Referral Coordinator at your Primary Care Physician's office. This will allow you to obtain the necessary information and authorization for your visit. Please understand that if you fail to do so, the visit may NOT be authorized by your insurance carrier. We need to comply with your insurance company's rules as retroactive referrals for services already provided, will NOT be issued. If we do not have an authorization on file at the time of your visit, you will be asked to pay for services rendered, or your visit may be rescheduled.
- Medicare/Medicaid: We are required to file claims with Medicare and/or Medicaid. Medicare does not reimburse in full for medical services. The Medicare payment is approximately 80% of Medicare's approved amount less any amount of your unmet yearly deductible. You are responsible for all Medicare co-payments and for services not covered under the Medicare program. If you are covered by Medicaid, you are responsible for providing proof of **current** coverage and any applicable spend-down amount.

**Please Turn to the Reverse Side**

- Self-Pay: Patients who do not have insurance coverage, who have insurance coverage but are unable to provide us with valid insurance information, or who wish to file their own insurance claims, are responsible to pay 100% of charges at the time services are rendered.
- Worker's Compensation and Litigation: We do not bill workers compensation or third party payers. The patient is responsible for payment at the time services are rendered.

**Billing and Credit:**

**Just as we make every effort to accommodate you when you are in need of medical care, we expect that you will make every effort to pay your bill promptly.** All co-payments are due at the time services are rendered in the office. Patients without insurance coverage are required to pay in full at the time of service. If you are unable to pay at the time of service, you may be charged an additional \$30.00 billing fee or your appointment may be rescheduled. According to California State Law, insurers are required to pay a properly submitted claim within 45 days. If we bill your insurance company and they do not respond to our claim for payment within 60 days, you will be billed and will be responsible for payment. Statements will be mailed monthly and payment is expected within 30 days.

**About our Staff:**

Our staff understands many insurance company policies, but they DO NOT have all the answers about your specific benefits. Your employer should have a copy of your Benefits Guidebook, or call your insurance company should you need detailed information about your coverage.

**Past Due Account Balances:**

If you have not paid your bill within 90 days, we will seek the assistance of a collection agency. If your account is assigned to a collection agency, you will be discharged from the practice and asked to seek medical care elsewhere. If you have issues that prevent you from paying the full balance due, please contact our office so we can help find a solution.

**Forms and Reports:**

Our office will complete forms, such as return to work forms, medical leave and disability forms, at a fee of no less than \$20.00. Depending on the complexity of the form, some form fees will be greater than \$20.00. This fee is payable prior to completion of the form.

**Returned Checks:**

The fee for all checks returned for insufficient funds is \$35.00. This fee will be automatically charged to your account when your check is returned from the bank.

I HAVE READ THE STATEMENT OF FINANCIAL POLICY AND AGREE TO ITS TERMS.

\_\_\_\_\_   
 Print Patient's Name

\_\_\_\_\_   
 Signature of Patient or Guarantor

\_\_\_\_\_   
 Date