

FINANCIAL POLICY

INSURANCE & REGISTRATION

We participate with most major medical insurance plans. It is our expectation that you provide us with your current address, phone number, photo ID, and a copy of your insurance card each visit. This enables us to accurately bill charges on your behalf and protect you against identity theft. You will receive a paper statement each month for any balance due on your account, including amounts for any service billed to your insurance which have not been.

You are financially responsible for all charges whether or not paid by insurance. Insurance coverage is a contract between you and your insurance carrier; it is not a guarantee of payment for services including preventive care or routine screening. Your involvement is expected on an unpaid claim older than 90 days. We cannot accept responsibility for non-covered insurance claims or for negotiating a disputed claim.

If your insurance does not cover some or all of the charges incurred during your visit, you will be billed directly for the balance. We do not have access to your specific insurance coverage, so please be aware of what is covered by your plan, prior to your visit.

If your insurance plan requires a referral, the referral must be provided prior to seeing the physician. It is the patients' responsibility to obtain referrals. If you do not provide the required referral, we reserve the right to cancel or reschedule your appointment.

COLLECTION OF INSURANCE CO-PAYMENTS

Co-pays, co-insurance, and any patient responsibility balance are due at the time of service. For your convenience we accept cash, checks, debit card, Visa, MasterCard, Discover, and American Express. It is your responsibility to notify the receptionist upon arrival that a co-payment is due. A \$20.00 handling fee may be charged if you do not pay at the time of service.

PATIENTS WITHOUT INSURANCE/SELF-PAY

If you are a patient without insurance coverage or without proof of insurance, all fees are expected at the time of service. This amount may not be the total charge associated with your visit. If you have lab, x-rays, additional tests, or a higher level of service, additional fees may apply. The balance of those charges will be invoiced to you. Payment in full at the time of service is also required for patients who live out of state.

COSMETIC SERVICES

All cosmetic services, as well as any other services that may not be considered medically necessary by your insurance provider, must be paid in full at the time of service or following denial of payment by your insurance provider.

PROMPT PAY DISCOUNT

Uninsured patients and some non-covered services may be eligible for a prompt pay discount*. Inquiries should be made at the time of service or by contacting our billing manager.

RETURNED CHECKS/REJECTED CREDIT CARD CHARGES

There will be a \$30.00 charge for checks or credit card charges that are returned due to non-sufficient funds (NSF), closed accounts, etc.

MISSED APPOINTMENTS WITHOUT APPROPRIATE NOTICE

We require 24 hours' notice if you need to cancel or reschedule your appointment, procedure, or surgery. If appropriate notice is not provided, you may be subject to a no-show fee.

SPECIAL PAYMENT ARRANGEMENTS/FINANCIAL HARDSHIP*

We understand there are times you may not be able to pay your bill in full. It is your responsibility to contact our billing department to discuss possible payment arrangements. Delinquent accounts are turned over to a collection agency. Failure to maintain the financial accounts in good standing may result in termination of medical care for the patient and all family members on the same account.

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*Exclusions and limitations apply.