

RICHARD K. ELIA, M.D.

Family Medicine

5375 North Palm
Fresno, Ca 93704

FINANCIAL POLICY

Payment in full is required at the time services are rendered unless other arrangements have been made in advance. This includes applicable co-insurance and co-payments for participating insurance companies. If you are unable to make your co-payment at the time of service, and your appointment is not of an emergency nature, we reserve the right to reschedule your appointment until such time as you are able to make your co-payment. This office accepts cash, personal checks, and most major credit cards. There is a service charge of \$30.00 for returned checks.

Insurance Billing: As a courtesy, Integrated Medical Services, Inc. will bill your insurance company if you belong to any of the HMO's and PPO's we are currently contracted with. It is your responsibility to make sure that we have current copies of your insurance cards and correct billing addresses. Please note that you, as the patient, are responsible for knowing the scope of your health coverage benefits.

Refunds: Patient/guarantor credits in amounts less than \$20.00 will be retained on account to be credited toward future balances unless a written request for refund is received. Amounts \$20.00 and greater will automatically be refunded to the patient/guarantor.

Worker's Compensation: This practice will bill for worker's compensation injuries providing that the patient presents a signed *Authorization for Treatment* from their employer at the first visit. The patient is also responsible to provide this practice with any/all necessary billing information at that first visit. Once the worker's compensation carrier has released the patient from its financial responsibility or benefits have been denied, the patient is then responsible for payment in full of services rendered.

Missed Appointments/Late Cancellations: Broken appointments represent a cost to us, to you and to the other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment. We reserve the right to charge \$40.00 for missed or late-cancelled appointments. Excessive abuse of scheduled appointments may result in discharge from the practice.

Monthly Statements: Statements are generated at this practice by Integrated Medical Solutions, Inc. on a monthly basis via "cycle" billing. They are a request for payment of what is currently at "patient due" responsibility. All patient balances are due and payable upon receipt of the statement, unless special payment arrangements have been made with the billing department in advance. Patients with an outstanding balance 60 days or more overdue must make arrangements for payment prior to scheduling appointments. If you have questions in regard to any of your billing statements our accounts receivable staff is available to assist you. Our billing office number is (559) 253-2772.

I have read and understand the above Financial Policy and agree to comply with its provisions.

Signature of Patient and/or Responsible Party

Date