



## Financial Policy 2019

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Thank you for choosing our practice! We are committed to the success of your medical treatment and care. We are certain you already understand that the prompt payment of any balances due on your account is part of this treatment and care. Because there are literally hundreds of health plan options available, it is commonly accepted that understanding and clarifying all benefits and exclusions under your health plan is ultimately your responsibility.

However, we would like to help make the process of paying for your care as easy and painless as we can. For your convenience are answers to a variety of commonly-asked financial policy questions below. If you need further information about any of these policies, please visit our website at [www.pacificarthritis.com](http://www.pacificarthritis.com) or ask to speak with the Billing Office.

### **Do I Have To Pay My Co-Pay Or Account Balance At The Time of My Visit?**

Absolutely. The administrative costs of collecting your co-pay and/or account balance while you are in the office are quite low in comparison to the high cost of sending and processing statements. For this reason, the staff in the front office is challenged regularly with identifying and collecting any co-pays or balances due upon arrival of any patient presenting in any office for medical care. It is a "necessary evil" and we appreciate your understanding of your need to pay in full at the time of your visit. "Self-pay" patients must pay a non-refundable \$50 deposit toward their visit in order to make appointment.

### **How May I Pay?**

We accept payment by cash, check, VISA, MasterCard, and American Express.

### **Can I Setup My Account For AutoPay?**

Yes. For your convenience, and subject to your written authorization, we now have the ability to automatically charge your credit card (VISA, MasterCard, or American Express) for balances due. This will be done once each month before statements are run. Upon request, any patient who wishes can still receive detailed account information.

### **Do I Need A Referral?**

If you have an HMO plan with which we are contracted, you need a referral authorization from your primary care physician. If we have not received an authorization prior to your arrival at the office, you have the option of being rescheduled or paying for the cost of the visit and submitting for reimbursement through your insurance.

### **Which Plans Do You Contract With?**

Please see the reverse side of this page or visit [www.pacificarthritis.com](http://www.pacificarthritis.com) for a comprehensive list.

### **What Is My Financial Responsibility for Services?**

Your financial responsibility depends on a variety of factors further explained on the reverse side of this page.

### **What if My Child Needs to See the Physician?**

A parent or legal guardian must accompany patients who are minors on the patient's first visit. This accompanying adult is responsible for payment of the account, according to the policy outlined on the previous pages.

***I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable co-payments, co-insurance, and deductibles, are my responsibility. Failure to pay all co-payments, co-insurance and/or deductibles due may lead to negative reporting to one or more of the credit bureaus as well as civil action, where you agree to be responsible for the original balance owed plus court costs and attorney's fees.***

***I authorize my insurance benefits to be paid directly to Pacific Arthritis Care Center.***

***I authorize Pacific Arthritis Care Center to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.***

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Date

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Signature

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Printed Name

5230 Pacific Concourse Drive, Suite 100  
Los Angeles, California 90045

1260 15th Street, Suite 1400  
Santa Monica, California 90404

## Office Visits and Office Services

If You Have...	You Are Responsible...	Our Staff Will...
<p><b>Commercial Insurance</b> Also known as indemnity, "regular" insurance, or a certain % split between patients and insurance companies.</p>	<p>For payment of the patient responsibility for all office visits, x-ray, injection, and other charges. This is requested at the time of the office visit.</p> <p><b>If you have an individual policy, you will need to make sure premiums are paid and coverage can be verified at the time of service.</b></p>	<p>Call your insurance company ahead of time to determine deductibles and coinsurance.</p> <p>File an insurance claim as a courtesy to you.</p>
<p><b>HMO &amp; PPO plans with which we have a contract</b></p> <p><b>HMO Medical Groups:</b> Access Managed Care</p>	<p><b><u>If the services you receive are covered by the plan:</u></b> All applicable co-pays and deductibles are requested at the time of the office visit.</p> <p><b><u>If the services you receive are not covered by the plan:</u></b> Payment in full is requested at the time of the visit.</p>	<p>Call your insurance company ahead of time to determine co-pays, deductibles, and non-covered services for you.</p> <p>File an insurance claim on your behalf.</p>
<p><b>HMO with which we are <u>not</u> contracted.</b></p> <p>Must have authorization</p>	<p><b><u>If authorization is in place:</u></b> All applicable co-pays and deductibles are requested at the time of the office visit.</p>	<p>Call your insurance company ahead of time to determine co-pays, deductibles, and non-covered services for you.</p> <p>File an insurance claim on your behalf.</p>
<p><b>Point of Service Plan or Out Of Network PPO</b></p>	<p>For payment of the patient responsibility— deductible, co-pay, non-covered services. This is requested at the time of the visit.</p>	<p>Call your insurance company ahead of time to determine out of network benefits, co-pays, deductibles, and non-covered services.</p> <p>File an insurance claim on your behalf.</p>
<p><b>Medicare</b></p>	<p>If you have Regular Medicare, and have not met your deductible. This is requested at the time of the office visit.</p> <p>Any service not covered by Medicare, payment is requested at the time of the visit.</p> <p><b><u>If you have Regular Medicare as primary, and also have secondary insurance or Medi-Cal:</u></b> No payment is necessary at the time of the visit unless the secondary does not pay in full what the primary insurance does not.</p> <p><b><u>If you have Regular Medicare as primary, but no secondary insurance:</u></b> Payment of your 20% co-pay is requested at the time of the visit.</p>	<p>File the claim on your behalf, as well as any claims to your secondary insurance.</p>
<p><b>No Insurance</b></p>	<p>A non-refundable charge of \$50 to a credit card is required to secure your appointment. Payment in full of remaining fees is due at the time of the visit.</p>	<p>Work with you to settle your account. Please ask to speak with the Billing Office staff if you need assistance.</p>