

DAVID ZBRACK, D.O.
DOUGLAS WISE, D.O.
DANIELLE THOMAS, N.P.

TEMECULA VALLEY PRIMARY CARE PHYSICIANS

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SUITE 103
TEMECULA, CA. 92591
◆
Phone 951 296 5844
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FINANCIAL POLICY

It is the patient's responsibility to notify the staff of a change in insurance and provide their new insurance card.

We accept PPO insurance plans, Medicare, Tricare and Primecare HMO. Patients with HMO insurance must be assigned to Dr. Zebrack or Danielle Thomas, N.P. but may see any TVPCP providers.

For patients who do not have insurance, payment will be due in full at the time of service.

Co-pays are required at the time of service. This is the amount you owe for the services provided on that date. For your convenience, we accept Visa/MasterCard/Discover/AMEX, debit cards, checks or cash. If you chose to pay by cash, please try to have exact change.

There is a \$35.00 Non-Sufficient Funds (NSF) charge for all checks returned by your financial institution.

There is a missed appointment fee of \$25.00 for No-Shows.

If you are unable to keep your appointment, please call our office 24 hours in advance in order to avoid a missed appointment fee of \$25.00.

For patients that require the provider to fill out forms, there will be a charge of \$30.00 per set. This includes but is not limited to Physicals, Disability, FMLA, and other similar forms not mentioned.

For request of medical records by the patient or insurance company, there will be a \$20.00 copying fee for the first 25 pages and a charge of \$0.25 per page after that.

For letters request, there will a minimum fee of \$20.00 depending on how detailed the letter is.

Insurance coverage for lab tests varies by insurance company and plan. You may wish to contact your Health insurance provider before you have provider ordered lab test drawn to ensure that you are going to the correct lab facility.

Annual physical examinations are covered without a co-pay. If patients have any other treatment or procedure other than the physical, the patient will be charged their co-pay.

If you are being seen for an injury, please understand that we do not accept third party insurances such as auto insurance or liens of any kind. Please notify the front desk if this is the case and you will need to pay cash for the treatment and seek reimbursement from the appropriate parties involved. We cannot treat any kind of work related injuries.

Patient Name: _____

Patient/Guardian Signature: _____ **Date:** _____

