Marina Village Medicine
Dr. Jagmohan S. Khaira, M.D.

FINANCIAL POLICY

Charges for office visits are due at the time of service including co-payments and balances due. There are fees associated with completing forms that are payable in advance. Please ask our staff for information regarding fees for a specific form. For your convenience, we accept cash, check, MasterCard and Visa.

PPO PATIENTS: This office participates with most, but not all PPO insurance companies and plans. Knowing your insurance benefits is your responsibility. Your insurance benefit is a contract between you and your insurance company, not with Marina Village Medicine or its physicians. It is your responsibility to determine whether we are an in-network provider for your specific insurance plan. Your insurance company offers several ways to verify this. You can contact your insurance company directly via telephone (there is usually a phone number on your insurance card), or go to their website and use their online provider look-up tool. Once insurance coverage is verified, we will bill your insurance company for services rendered. If we are an out-of network provider for your insurance plan, you will be responsible for the full amount of the visit. Cost for a standard office visit is $165.00. You are responsible for your bills until your insurance makes payment, and responsible for any non-covered portions of your bill. This includes immunizations or procedures done in the office. If you have questions regarding your coverage, please contact your insurance company directly.

MEDICARE PATIENTS: We are a Medicare Participating Provider, which means that we accept Medicare's assignment as payment in full, once your deductible and co-payments have been made. We will bill Medicare for you. If you have Medicare supplemental or secondary insurance, Medicare will bill them directly on your behalf. All unpaid balances are the responsibility of the patient. There are instances where your supplement plan will require you to see an "in-network" provider. Please contact your supplement plan to confirm whether we are in your network of providers.

HMO PATIENTS: If you are covered by an HMO insurance plan, a Marina Village Medicine physician MUST be listed as the PCP (Primary Care Physician) on your insurance card for this coverage to be in effect. Co-payments will be collected at the time of service. Patients are responsible for payment of all non-covered services at the time of service. If you are not listed with Marina Village Medicine at the time of service, you are responsible for all visit charges.

SELF-PAY OR NO INSURANCE: The cost of a standard office visit is $165.00 and payment is due at the time of your appointment.

CO-PAYMENTS: All co-payments are due at the time of service.

NON-COVERED SERVICES: Please be aware that some or all of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full.

ACCOUNT BALANCES: If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless they are arranged with an office staff member ahead of time. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from the practice.

CANCELLATION AND NO SHOW CHARGE: In order to run an efficient business we rely on patients to keep scheduled appointments. We set aside time and resources based on our schedule. If you cancel an appointment with less than 24 hours notice and we cannot fill the appointment time, you will be charged the full cost of the visit. If you "No Show" for the visit there is also a charge for the full cost of the visit.

ASSIGNMENT OF BENEFITS/INSURANCE AUTHORIZATION
I, the undersigned, authorize my insurance company/companies to direct payment for medical services rendered to myself or dependents directly to Marina Village Medicine. I hereby authorize the doctor to release all information necessary to secure payment of benefits. I understand and agree to the above stated policies. This authorization and agreement shall be considered valid until revoked in writing. A copy is as valid as the original.

I acknowledge I have read and understand the above financial policy and Assignment of Benefits.

SIGNED:_____ DATE: _____

CREDIT CARD BILLING AUTHORIZATION (OPTIONAL)

I, _____, authorize Marina Village Medicine to keep my signature on file and to charge my account for any balance owing on my account. I authorize charges to commence on _____(today's date). I understand that this form is valid until I give a 30-day written notice to cancel the authorization to Marina Village Medicine.

PATIENT NAME:_____

CARD HOLDER'S NAME (AS SHOWN ON CARD): _____

CREDIT CARD BILLING ADDRESS:_____

CITY, STATE, ZIP:_____

VISA OR MASTERCARD (CIRCLE ONE)

ACCOUNT # _____ CVV: _____

EXPIRATION DATE_____/_____

CARDHOLDER SIGNATURE: _____