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**FINANCIAL POLICY**

Thank you for choosing SoCal ObGyn. We are committed to the success of your treatment. We hope you understand the payment of your bill is considered part of your treatment. The following is a statement of our financial policy, which we require you to read, agree to and sign, prior to any treatment. This financial policy applies to all services rendered by the doctor.

It is our policy that the patient, rather than the insurance company, is responsible for complete payment of our charges. All patients with insurance coverage are required to pay for non-covered services, any deductible amount not previously met and any copay amount due at the time of services are rendered. For patients with dual insurance coverage, we will bill both the primary and secondary insurance if you have provided us with the necessary information.

Patients insured with plans which we are **NOT contracted** with or **DO NOT have insurance** will be required to pay as a “Out of Pocket Patient” for the initial consultation in full. For any follow up visits, patients will need to pay accordingly. There may be 30% or more down payment prior to any surgery needed.

**For prescriptions**, if you are in need of a refill, please have your pharmacy fax a request to

**(714)** **848-4083**. (Please allow 48 to 72 hrs.) No pain medication will be given to post operative patients after 90 days of surgery. Our physician **DOES NOT** prescribe pain medications to chronic pain patients. Patients with chronic pain syndrome are referred to pain management specialists for long term management.

**FEES AND PAYMENTS**

Physicians share the concern of their patient regarding the increasing cost of medical care. Our fees are within the customary range for this area and reflect the high level of care you will receive. We have standardized charges for various procedures, but these can vary depending on unforeseen circumstances that might arise. If you have any questions about fees, we encourage you to discuss them with our business office. The fees for obstetrical care include all routine obstetrical care from your first visit through your prenatal care, your delivery and your post partum visit six weeks following delivery. If a cesarean birth is necessary there will be additional charges.

**ALL MEDICAL BILLS ARE DUE AND PAYABLE AT THE TIME SERVICES ARE RENDERED FOR CASH PATIENTS**

We accept payments by cash, personal checks, Mastercard and Visa. This will help control the expensive process of billing and collections. If your medical services are greater than anticipated, we will be happy to arrange a payment plan with you. If you are having financial difficulty, please contact our business office.

**INSURANCE**

Please remember that your insurance coverage is a contract between you and your insurance carrier. Please contact your insurance company to verify that your doctor is a provider with your insurance. If you wish to file an insurance claim, we will furnish you with an itemized statement of your services and diagnosis, if one is established, and you can forward this statement on to your insurance company. Payment for services rendered is expected at the time of each visit, regardless of your insurance coverage. In some cases, your insurance company will only cover a portion of our fees. Since our relationship is with you and not your insurance company, our bill is your responsibility. We would appreciate it if you would give it a prompt attention. We will be glad to help you if you have a problem with your claim.

**PPO INSURANCE**

If you are a member of a Preferred Provider Organization (PPO) and our office has signed a contract to provide services for your PPO, we will handle all the billing of your insurance. You MUST provide us with a copy of your insurance card at the time of service. You are REQUIRED to pay any co-payments at this time. If you require lab work it will be sent to an outside lab. Certain PPO’s have contracts with specific labs. You will be given a referral slip and you may go to that lab for your test. If you do not ask for a referral, we will Send your specimen to our usual lab and we WILL NOT be responsible for any outside lab fees that you may be charged. We realize this can be confusing and we will work with you in any way we can to maximize your insurance benefits.

**HMO INSURANCE**

If you are a member of a Health Maintenance Organization (HMO) and our physicians have signed a contract to provide services for your HMO, we will handle all the billing of your insurance services. Our doctors, in this practice, cannot be listed as your primary care physicians. They are SPECIALISTS. You are required to pay any co-payments at the time of service. Please be aware that due to specific policies in HMO contracts, ALL LABS AND ULTRASOUNDS MUST be done outside our offices to be covered.

SoCal ObGyn has financial interests in certain facilities/companies she operates with. These include but are not limited to: Prime Surgical Centers and Memorial Care Surgical Center at Orange Coast.

Three will be a fee of $100 for any surgery cancellation. These fees will offset the surgical preparations which are separate from the surgical facilities.

If you are insured with a plan, which we ARE contracted with (including Medicare), you will need to pay for any non-covered services, any outstanding deductible and your copay amount at time of each visit.

There is a fee of $25.00 or more for all disability, FMLA and any other forms/paperwork that you need to have filled out by the physicians. We may ask that you make an appointment to complete these forms.

There is a fee for any reports or medical records requested by attorneys, insurance companies, disability companies, etc… This charge will be determined by the information requested.

Our accepted methods of payments are VISA and MasterCard, cash and checks. There will be a $45 fee for any bounced checks, thereafter, patients are required to pay with ‘cash’. If requested a short payment schedule may be arranged for those patients who have special financial conditions.

It is the patients responsibility to verify their benefits for their particular plan and to make sure all proper authorizations have been obtained. Some insurance plans will reduce benefits if the insured is treating the doctors outside of the designated network or if the proper authorizations have not been obtained.

Again, thank you for trusting us with your gynecological and obstetrical care. If you have any questions regarding financial responsible or payment options, please contact our office.

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Signature Date