CUREtology Surgical Oncology

Medical Corporation & Associates

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Los Angeles, CA 90015
Appointments: 213.742.6400
Www.CUREtology.com

Our Financial Policy

Thank you for choosing **CUREtology Surgical Oncology & Associates** for your medical care. Our goal is to provide you with the **highest quality of medical care and service**. We feel it is helpful and important that you understand our billing process. Our financial policy is provided to you in writing in advance of your services to allow the medical team to focus on your care. Our billing service company is happy to bill your insurance for any services provided at our offices. However, this is a courtesy service to you and you are responsible for any costs incurred during your course of treatment.

Each patient must complete the Patient Information Record which includes all demographic information including your insurance. We must have this information completed before you see the doctor on your first visit.

COVERAGE

INSURANCE: You are responsible for knowing your insurance benefit coverage. We will gladly bill your insurance as a courtesy. Deductibles, co-pay's and estimated co-insurance are due at the time of service. Any remaining patient balance responsibility is due prior to the next appointment or within 30 days of receiving treatment. The following forms of payment are acceptable: cash, Visa, or Mastercard. It is the patient's responsibility to determine whether their insurance provider is contracted with our physicians; or considers our physicians to be "in network". Your deductibles or co-pays may be higher as a result if we are not "in network".

SELF PAY (NO INSURANCE): Full payment is due at the time services are rendered.

NON-COVERED SERVICES: Please be aware that some – and perhaps all – of the services you receive may be a non-covered benefit. You must pay for these services at the time services are rendered. Please note, a check of eligibility is not a guarantee of payment on your behalf from your insurance carrier.

_____ (patient's initials)

COVERAGE CHANGES: It is your responsibility to notify our office immediately upon changes with your insurance carrier. Failure to do so will result in **CUREtology Surgical Oncology & Associates** billing you for services rendered.
_____ (patient's initials)

METHODS OF PAYMENT

CASH: Full payment is required at the time of service. You may choose to pay by cash or credit card (we accommodate Visa and MasterCard). Our billing services company can arrange extended payments for patients if needed.

INSURANCE: We will bill your insurance carrier. We allow 60 days for your insurance to pay claims which have been submitted. Any unpaid balance or unpaid claims are your responsibility. We require payment of your co-payment and/or unpaid deductibles at the time of service. Delinquent accounts are subject to collection procedures and will be assessed a $50.00 special handling fee when collection procedures are initiated. *As of June 1, 2010, California State law requires that we ask for a valid driver's license with your current address. If your address has changed and does not reflect your current driver's license, a current utility or phone bill is required to show your new residence.*

HMO/IPA/PPO INSURANCE: If you are a member of a HMO, IPA, PPO, or any insurance plan that requires prior authorization to see a specialist, you must contact your primary care physician for a referral to our office. This process is required for your initial office visit as well as follow-up visits, office procedures, and surgeries. It may take two to three weeks to obtain the authorization from the health plan. Please schedule follow up visits with ample time to receive the authorization for the visit. We are required by most health plans to collect any applicable co-payments and deductibles at the time of services. **Should you require immediate care, you must contact your primary care physician to obtain an emergency or STAT referral. **

MISSED APPOINTMENTS & PAYMENTS

APPOINTMENTS: We make every effort to schedule patients at a time that is convenient for them to see the doctor as quickly as possible. At times, there can be a wait to see the doctor, for non-urgent visits. If you are unable to keep a scheduled appointment, please notify our office as early as possible so that patients who are waiting to see the doctor may have the opportunity to be seen at their appointment time. Please help us to serve you and other patients better by keeping your scheduled appointments or by calling our office with a 24 hour advanced cancellation notice. If you fail to cancel your appointment within a 24 hour period on two occasions you will be billed a $25.00 "no-show" fee.

PAYMENTS: All payments are due immediately and in full. Failure to do so within 90 days will result in your account being sent to an outside collection agency.
_____ (patient's initials)

ACKNOWLEDGEMENT

I have read the above Office Payment Policy and as a patient, legal guardian of a minor or impaired patient, I understand that I am financially responsible for payment on my account. I understand deductibles, co-pay's and estimated co insurance are due at the time of service. Any remaining patient balance responsibility is due prior to the next appointment or within 30 days of receiving treatment. I am also aware that delinquent accounts are subject to other collection means at my own expense including legal fees.

I have read, understand, and agree to the above Office Payment & Financial Policy in accordance with the terms and conditions set forth in the policy of this office. I also hereby attest that I have given payment information to the best of my knowledge for complete and timely payment.

Note: *California laws prevail.*

CONFIRMATION OF REVIEW AND RECEIPT

By signing below, I acknowledge that I have reviewed this document and received a copy upon request. DO NOT SIGN this document without a review.

_____ _____

Signature of Patient or Legal Guardian Relationship to Patient

_____ _____

Print Patient's Name Date

_____

Print Name of Patient or Legal Guardian, if applicable

Revised 10/31/2017