

Hormonal Wellness of La Jolla

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Financial Policy

- **Insurance Cards:** Please always bring a current insurance card to every visit to assist in verifying benefits. Any outdated or incorrect contact information may delay or nullify insurance reimbursement.
- **Insurance:** We will bill your insurance provider (“Plan”) for all services rendered in our office. We do our best to verify coverage for specific services, but cannot always guarantee coverage at the time of the visit and you are ultimately responsible for all charges.
- **Non-covered service:** You are responsible for any services that are not covered by your insurance provider. These may include, but are not limited to, injections, cryotherapy and laboratory testing. Ideally check with your Plan prior to your visit regarding your coverage.
- **Co-payments:** Co-pays are due at the time of your appointment. Our office accepts cash, checks, HSA and credit cards (mastercard and visa).
- **Out-Of-Network:** If we are not in network with your Plan, we will bill your insurance, however you will be responsible for any difference between our rates and what your Plan pays for out-of-network services.
- **Annual Administrative Fee.** This fee is for non-medical services that are not covered or provided for by your Plan. The Annual Administrative Fee (“Fee”) is not eligible for reimbursement by your Plan, and you must not submit the Fee to your Plan for payment. This Fee is voluntary, and payable on an annual basis after July 1st, 2019 and recur automatically on the anniversary in subsequent years unless a written termination of this agreement is provided to the office. The Fee is non-refundable for any reason, including insurance change and family relocation.
- **Missed appointments:** Missed appointments results in lost revenue for the office and missed opportunities for other patients. A charge will be applied for

appointments that are not cancelled or rescheduled at least 24 hours prior to your appointment.

- **Referrals/Labs/Radiology:** Any service from a specialist, laboratory, radiology department, emergency department, hospital, or any other facility other than our office is a transaction between you and them. It is your responsibility to know your insurance coverage prior to these appointments. You are financially responsible for any services provided.
- **Late Payments:** Payment for all charges is due within 30 days of notice from our Billing department. There will be a 5% late payment charge on the balance due for each month that payment is late.

By signing below, you agree that you understand and will abide by the above described financial policy. Thank you for trusting us with your care.

Print name

Signature

Date