

LOMA VISTA FINANCIAL POLICY

Welcome to Loma Vista and thank you for choosing us as your healthcare provider. The following is a guideline to help you understand our financial policy.

PATIENT INFORMATION

Your Personal Information sheet is an important part of your medical record. We may ask that you update this patient information at each visit to keep this data current. While this may seem inconvenient, it is necessary to know your insurance and contact information, as these are subject to frequent changes. You may go to our website at www.lomavistaobgyn.com, download the patient registration form, complete it in its entirety and bring it with you to your appointment. Please bring your insurance card as proof of coverage to each of your visits at Loma Vista.

PAYMENT FOR SERVICES

You are responsible for paying your co-payment, if applicable, at your visit before seeing your doctor or provider of service. If we participate as providers for your health plan, we will bill your insurance company the balance. If we are not contracted with your insurance company, you are responsible to pay for your visit after the services are rendered, and you may then submit your claim to your insurance company for reimbursement. Your copy of the superbill may be used for this purpose.

YOUR INSURANCE POLICY

It is necessary for you to know the specific details of your own health plan coverage and to determine if we participate as a contracted provider. Our office contracts with many insurance companies and coverage varies greatly. It is especially important for you to notify us if there are restrictions regarding referrals for services to be performed by other specialists or outside facilities such as laboratories, pathologists, or radiologists. You will be responsible for all charges for services rendered if your insurance company denies payment because it is a "non-covered" benefit.

BILLING

Our billing department follows all federal and state guidelines regarding laws of privacy and fraud.

OTHER FEES FOR SERVICE

Administrative fees will be charged in the following situations:

Unpaid co-payment and past due statements:	\$20.00
Returned checks and collection fees:	\$25.00
Disability Forms:	First form \$20.00 Additional forms \$10.00
Medical Records Copying:	Determined individually

Because considerable time and effort is involved, the following fees may apply for late cancellations or failure to keep an appointment:

- \$100.00 if cancellation is made less than 72 hours prior to surgical procedures.
- \$50.00 if cancellation is made less than 24 hours for in-office procedures.
- \$25.00 if cancellation is made less than 24 hours prior to all other appointments.

Clinical fees may be charged in the following situations:

- Unscheduled add-on, urgent, or emergent appointments: \$85.00 in addition to the office visit fee.
- After hours or on call M.D. advice or treatment: as determined individually by the M.D.

Your signature below indicates that you have read, understand, and agree to comply with this Financial Policy.

Signature _____ Date _____

Printed Name _____