

## **FINANCIAL POLICY**

### **PATIENTS WITH INSURANCE:**

Although we bill your insurance company/medical group for services rendered, you are financially responsible for all services rendered. If payment has not been received within sixty (60) days of billing your health plan/medical group, we may contact you for assistance. Should your health plan/medical group deny coverage for any reason, you will be responsible for that payment in full within thirty (30) days of receipt of your billing statement.

### **DUAL COVERAGE:**

Washington Township Medical Foundation abides by the California State Insurance Laws, which govern coordination of benefits. Therefore, you are responsible for providing us with all billing information for primary, secondary, and tertiary health plans. Dual coverage does not necessarily ensure that you will not have a co-pay for your office visit. If a co-pay is not collected at the time of your visit and subsequently your insurance plan states that a co-pay is due, you will be responsible for paying that co-pay amount thirty (30) days from the date you receive your billing statement.

### **PATIENTS WITHOUT INSURANCE:**

Our fees cannot always be determined in advance, since they depend on actual services provided. If you would like an estimated total amount before being seen, please ask the front desk personnel. Please note that this is only an estimated amount and the actual charge totals may vary from this estimate. Payment for all services is due at the time of service.

### **CO-PAY POLICY:**

It is your obligation to be familiar with your insurance co-payment and/or deductible amounts. Your co-pay amount must be paid at the time of your visit.

### **NO-SHOW POLICY:**

Washington Township Medical Foundation requires twenty-four (24) hour notice of cancellation for scheduled appointments. In the event that we are not notified within twenty-four (24) hours prior to your appointment for up to three (3) appointments, it will be the discretion of your Provider whether or not we can establish the quality relationship that is vital to your medical treatment and may withdraw from your care based on non-compliance.

### **DELINQUENT ACCOUNTS:**

Patient accounts not paid within sixty (60) days of the date of service may be turned over to a collection agency.

### **RETURNED CHECKS:**

There will be a \$25.00 service fee for returned checks.

**REFUND POLICY:**

If you have been notified by your insurance company that you are due a refund, please contact our office.

**FEE FOR COPYING MEDICAL RECORDS:**

There is a copying fee of up to \$0.25 per page provided to a patient. Complete copies of your medical record will be managed and charged by the printing agency. There is no charge to transfer records to another medical provider upon request.

**OTHER FEES:**

Form Completion: No Charge for Patient EDD, FMLA or Supplemental disability Insurance form completion.

All other forms or letters requested to be completed for the patient including EDD/FMLA paperwork for family members will have a \$20.00 fee per form.

There is a \$20.00 replacement fee for new copies of any immunization record.

**AUTHORIZATION AND ASSIGNMENT OF BENEFITS:**

I authorize the release of any medical information, which may have a bearing on the determination, and/or payment of my claim. I request that payment is made directly to Washington Township Medical Foundation and I acknowledge that I am responsible for payment if this assignment is not honored. I understand that I am responsible for all co-payment, co-insurance, and deductible that I may have with my insurance. I further understand that I have been provided a service and it is my responsibility to know my own insurance coverage and be aware of services that may or may not be covered.

I have read and understand the above policies, and I agree to comply with them. I attest that all information is true and accurate to the best of my knowledge.

**Notice to Consumers**

Medical doctors are licensed and regulated by the Medical Board of California  
(800) 633-2322 • [www.mbc.ca.gov](http://www.mbc.ca.gov)

I understand that the physicians of Washington Township Medical Foundation are licensed and regulated by the Medical Board of California.

Physician Assistants are licensed and regulated by the Physician Assistant Committee  
(916) 561-8780 • [www.pac.ca.gov](http://www.pac.ca.gov)

I understand that the physician assistants of Washington Township Medical Foundation are licensed and regulated by the Physician Assistant Committee.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guarantor Signature \_\_\_\_\_ Date \_\_\_\_\_  
(For Minors)