

HELDFOND MEDICAL GROUP

8631 W. 3rd Street, Suite 510E
Los Angeles, CA 90048
Phone: 310-278-1490
Fax: 310-652-3218
www.towerobgyn.com

FINANCIAL POLICY Effective June 2010

Thank you for choosing Heldfond Medical Group for your gynecology and obstetric care. Our doctors and staff are dedicated to serving your medical needs with the best professional advice, care and service. Please understand that whether or not you have insurance, payment of your bill is your responsibility. The following is a statement of our Financial Policy.

PRIVATE PAY PATIENTS

For patients without insurance coverage or insurance that cannot be verified, payment is due at the time of the service. We accept cash, checks, Master Card and Visa. We do not accept American Express or Discover.

INSURANCE PLANS INCLUDING MEDICARE

We must have a *current* insurance card to submit a claim to your insurance company. If you do not have a current insurance card, full payment is due at the time of service. It is your responsibility to notify us in a timely manner of any changes in your insurance coverage. Please do not assume that we know if your insurance has changed. Additional fees will be charged if we are provided incorrect or outdated information.

We contract with many of the prominent health plans; however, not all of the physicians in the practice contract with the same health plans. You can contact your insurance company and verify whether a physician in this practice has a contract with your insurance company or you can contact our business office at 310-659-9101. If you arrive to your appointment without the appropriate coverage you will be asked to pay for your visit on the day of your appointment.

We will bill your insurance carrier for all covered services. You are required to pay for all co-payments, deductibles and coinsurance at the time of your visit. Please be aware that your insurance company may consider some, or perhaps all, of the services provided to be non-covered services and refuse to pay for such services or might determine that such services are subject to a deductible in addition to your co-pay. You will then be responsible for any unpaid balance. Please understand that our insurance contracts specifically forbid discounting co-payments or deductibles.

There are certain items that we require to be paid for at the time of service, regardless of insurance coverage. The items are as follows:

- Gardasil
- Depo Provera
- Depo Estradiol
- Intrauterine Devices

OB PATIENTS

OB patients are responsible for the payment of co-insurance and/or deductible balance(s) before the 28th week of pregnancy.

FERTILITY TREATMENT

HCG injections, intra-uterine insemination (IUI) and ultrasounds are usually not covered by insurance carriers; therefore we do require that these services are paid for upfront.

PROCEDURES AND LABORATORY CHARGES

If you have a co-pay it must be paid at each visit and there are no exceptions. We do not waive or reduce co-pays or other patient obligations under any circumstance as it is a violation of our contract. In addition we charge a \$10 collection fee for all blood draws. You may choose to go to an outside laboratory for your blood draw.

MEDICAL NECESSITY

Keep in mind that care your doctor believes is medically necessary may not be considered to be a “medical necessity” under your insurance plan or a covered medical benefit under your plan. In some cases, your doctor might decide that you need medical care which is not covered by your insurance policy.

BILLING AND COLLECTIONS POLICY

If payment in full is not received 30 days after the date of your second statement, your account will automatically be forwarded to a collection agency for further action. Any accounts forwarded to the collection agency become the property of the collection agency and are subject to additional fees as allowed by law.

If you wish to contest a particular charge, you will have 30 days after your first billing statement is received. After this time period all charges are considered final and no further modifications are possible.

Any unpaid balance that is sent to a collection agency becomes the property of the collection agency and under no circumstances can any reduction be made.

MISSED AND LATE APPOINTMENTS

If you are unable to keep an appointment, we ask that you kindly provide us with at least 24 hours notice. A \$50 fee may be assessed to your account if you do not show up for your appointment without notice or if we receive a cancellation of less than 24 hours.

If you are late for your appointment, we will make an attempt to accommodate you during the session but cannot guarantee that we will be able to do so and you may be asked to see another practitioner, or you may have to wait or your appointment may need to be rescheduled for another day.

Please note: there are some doctors at our practice that may opt to not reschedule new patients that miss their initial appointments without notice to the office.

MEDICAL RECORDS

If you should need copies of your records, California law allows us to charge a fee for these services. The law also allows us fifteen working days to process the request. Legally we may choose to provide a records summary as opposed to a copy of the complete medical record.

Medical records fees:

Initial fee: \$4.00

First four pages: no charge

Each additional page: \$0.25

ADDITIONAL FEES

We reserve the right to impose additional convenience charges which are not covered by insurance and which you will be advised upon in advance.

Other Fees:

- Rebilling Fee (when original billing is submitted with incorrect or outdated insurance information)
- Billing Secondary or other insurance with special or non standard forms
- Accessing old Medical Records from storage
- Completion of special reports or forms not usually part of an office visit (disability, school or work forms)
- Communications with other agencies
- Special requests for insurance authorizations for procedures unlikely to be covered
- Supplies and/or medications provided for convenience typically obtained at the pharmacy

We sincerely thank you for taking the time to read and understand our Financial Policy. Please ask our staff if you have questions or concerns, or you may call 310-659-9101 to speak to a billing staff member.

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FINANCIAL POLICY ACKNOWLEDGEMENT OF RECEIPT

Your signature below will acknowledge that you have received the Heldfond Medical Group Financial Policy.

If you have questions, you may ask or call our billing staff at 310-659-9101. A copy of our financial agreement is also located on our website: www.towerobgyn.com

We appreciate your cooperation on this very important matter.

Name: _____

Signature: _____

Date: _____