

## Valley Medical Group of Lompoc Financial Policy

**TO OUR PATIENTS:** We are committed to providing you with the highest level of medical care and service. It is your responsibility as guardian or patient to meet your financial responsibility for payment of these services. If you are covered by insurance or other third party payors with whom we have contracted to provide care, we will bill your primary insurance carrier directly and wait up to sixty (60) days for reimbursement. If after sixty (60) days we have been unable to collect from you insurance company, you will be billed directly for the services you have received. While it is our intention to assist you in billing procedures, it is still your responsibility to assure that all services rendered by our group are paid in full.

**CO-PAY:** If your insurance requires payment of a co-pay, this amount is due in full at the time service is provided.

**MEDI-CAL:** If you have Medi-Cal, you must inform us at the time service is rendered.

**MEDICARE:** Our group participates in the Medicare Program and accepts assignment from Medicare for services rendered. We will submit a claim directly to Medicare for services provided, and will accept Medicare's allowable for those services. You will be responsible for payment of any deductibles, co payments or non-covered items. .

**NON-CONTRACTED AND SECONDARY INSURANCE COVERAGE:** As a courtesy to you, we will bill most non-contracted and secondary insurance carriers. If however, payment is not received within sixty (60) days you will be billed directly and will be responsible for payment. If you receive payment from your insurance carrier directly, payment for services rendered is immediately due.

**PERSONAL PAYMENTS:** If you do not have insurance or other third party coverage, or if you are responsible for a co-pay, payment at time of service is expected. We accept cash, personal check, Visa or Master Charge. Payment plans may also be established on a case by case basis. Contact our Business Office to discuss details. It is your responsibility to contact us regarding your account in order to avoid collection proceedings and interruption in services.

**SERVICE CHARGES:** A service charge of \$20.00 will be applied to your account if a personal check is returned to us from your bank.

**HEALTH MAINTENANCE ORGANIZATION (HMO):** If you are a member of an HMO, you should always contact your Primary Care Physician for authorization before seeking non-emergency services specialty consultations or other health care services.

**NO SHOW APPOINTMENTS:** A 24 hour cancellation notice prior to appointment is required. Appointments not kept or canceled will be charged.

**MEDICAL RECORD FEES:** Your medical record is the property of Valley Medical Group. We contract with an outside copy service. If you request your medical records you will be billed by the copy service.

**I HAVE READ THE ABOVE FINANCIAL POLICY. UNDERSTAND AND AGREE TO THIS FINANCIAL POLICY.**

X \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of Responsible Party Name of Responsible Party (Print)

\_\_\_\_\_  
Patient Name