



Friendly ♦ Experienced ♦ Caring

FINANCIAL POLICY

Thank you for choosing our practice! We are committed to the success of your medical treatment and care. We are certain you already understand that the prompt payment of any balances due on your account is part of this treatment and care. Because there are literally hundreds of health plan options available, it is commonly accepted that understanding and clarifying all benefits and exclusions under your health plan is ultimately your responsibility.

However, we would like to help make the unpleasant process of paying for your care as easy and painless as we can. For your convenience, we have answered a variety of commonly asked financial policy questions below. If you need further information about any of these policies, please visit our website at www.pacificinfusion.com or ask to speak with the Billing Office.

How May I Pay?

We accept payment by cash, check, VISA, MasterCard, and American Express.

Do I Need A Referral?

If you have an HMO plan with which we are contracted, you need a referral authorization from your primary care physician. If we have not received an authorization prior to your arrival at the office, you have the option of being rescheduled or paying the cost of the visit and submitting for reimbursement through your insurance.

Which Plans Do You Contract With?

Please see attached list.

What Is My Financial Responsibility for Services?

Your financial responsibility depends on a variety of factors further explained below.

What if My Child Needs to See the Physician?

A parent or legal guardian must accompany patients who are minors on the patient’s first visit. This accompanying adult is responsible for payment of the account, according to the policy outlined on the previous pages.

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable co-payments, co-insurance, and deductibles, are my responsibility.

I authorize my insurance benefits to be paid directly to Pacific Infusion Center.

I authorize Pacific Infusion Center to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

_____	_____	_____
Date	Signature	Printed Name
5230 Pacific Concourse Drive, Suite 100 Los Angeles, California 90045	1260 15th Street, Suite 1414 Santa Monica, California 90404	2021 Santa Monica Boulevard, Suite 200E Santa Monica, California 90404



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If You Have...

You Are Responsible...

Our Staff Will...

Commercial Insurance Also known as indemnity, “regular” insurance, or a certain % split between patients and insurance companies.	For payment of the patient responsibility for all office visits, x-ray, injection, and other charges. This is requested at the time of the office visit.	Call your insurance company ahead of time to determine deductibles and coinsurance. File an insurance claim as a courtesy to you.
HMO & PPO plans with which we have a contract HMO Medical Groups: Access Managed Care Bay Area Santa Monica Centinela Valley IPA	<u>If the services you receive are covered by the plan:</u> All applicable co-pays and deductibles are requested at the time of the office visit. <u>If the services, you receive are not covered by the plan:</u> Payment in full is requested at the time of the visit.	Call your insurance company ahead of time to determine co-pays, deductibles, and non-covered services for you. File an insurance claim on your behalf.
HMO with which we are <u>not contracted.</u> Must have authorization	<u>If authorization is in place:</u> All applicable co-pays and deductibles are requested at the time of the office visit.	Call your insurance company ahead of time to determine co-pays, deductibles, and non-covered services for you. File an insurance claim on your behalf.
Point of Service Plan or Out Of Network PPO	For payment of the patient responsibility— deductible, co-pay, non-covered services. This is requested at the time of the visit.	Call your insurance company ahead of time to determine out of network benefits, co-pays, deductibles, and non-covered services. File an insurance claim on your behalf.
Medicare	If you have Regular Medicare and have not met your \$124 deductible. This is requested at the time of the office visit. Any services not covered by Medicare payment is requested at the time of the visit. <u>If you have Regular Medicare as primary, and also have secondary insurance or Medical:</u> No payment is necessary at the time of the visit. <u>If you have Regular Medicare as primary, but no secondary insurance:</u> Payment of your 20% co-pay is requested at the time of the visit.	File the claim on your behalf, as well as any claims to your secondary insurance.
No Insurance	Payment in full at the time of the visit.	Work with you to settle your account. Please ask to speak with the Billing Office staff if you need assistance.

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