

## Financial and Billing Policies

### Co-Payments and Deductibles:

Co-pays and deductibles are due and payable at the time of your visit. There is a \$20 billing charge for co-pays not paid on the date of service (co-pays may be paid in cash, by check or by credit card). Our office staff does not have authority to waive collection of co-pay and deductible amounts.

### Insurance:

Please provide us with all the necessary information to enable us to bill your current insurance carrier for you. **We require you to produce your insurance card at the time of your appointment**, so that we can scan it into our system. We are unable to accept any other form of identification for insurance purposes. To ensure continuous coverage, whenever your insurance changes you must notify us prior to your next office visit. We will again need to see your insurance card so that we can scan it into our system.

**Kaiser HMO patients can only use their insurance coverage at a Kaiser facility.** If you have Kaiser HMO as your primary insurance, we can only see you on a self-pay basis. Please make the appointment scheduler aware when you schedule your appointment that you have Kaiser HMO coverage. When you check in for your appointment our receptionist will collect your payment.

**No card – No insurance.** You are responsible for the bill in full at the time of service if you do not have a current insurance card.

### Statements:

Statements are sent out on a weekly basis. If you have insurance, we will bill your carrier for you. You will not receive a bill from us until we have heard from your insurance carrier. If we have not received payment from your insurance carrier within 45 days of the date of service, we will rebill your carrier one time only and you will be asked for immediate payment while we await a response from your carrier. **For billing questions there is a separate telephone number: 925-627-3424.**

Any balance due at 90 days is immediately payable or a payment schedule must be negotiated with the business manager. Failure to clear an account balance within 90 days or failure to adhere to a payment schedule will result in consideration for immediate referral to a collection agency. You are responsible for any amount shown as “due from the patient” on your statement after it has been processed and identified as your responsibility by your insurance carrier; or your carrier has failed to respond in a reasonable period of time.

### Disability Forms:

- Please allow at least 2-3 business days for us to complete your forms.
- Before dropping off your forms, please fill in your
  - name
  - date of birth
  - first date of disability
- For your convenience, our business office can mail or fax your forms to the appropriate agencies at your request. Otherwise, they may be picked up at our front desk once they are completed.
- Our business office will be happy to answer any questions regarding your disability forms, please contact them at **925-945-0246** to schedule a mutually convenient time to discuss your needs.

**Fees for Completion of Forms:**

- There is a \$35 charge per form to complete forms such as disability or FMLA. However, we will complete **one** State Disability Form (EDD Form only) per patient at no charge. There is a \$15 processing fee for all lost forms.

Fees for completion of forms, lost forms, prescriptions, etc. are due and payable in advance and cannot be billed to your insurance carrier.

**Refill Prescription Policy:**

All refills for prescriptions are done by fax through your pharmacy. Our fax number is (925) 945-7842. We will fax back to your pharmacy the refill authorization within 48 hours. Please do not leave your refill request to the last minute. There could be a delay between your request to the pharmacy and their fax to us that could add a day. Requests made on a Friday are not filled until the following Monday or Tuesday. There is a \$10 fee for all lost prescriptions.

I understand that it is my responsibility to furnish OB-GYN Specialists, Inc. with current, accurate insurance information at the time services are rendered and/or notify them in a timely manner of any changes in coverage, which may affect the payment of services already rendered.

I understand that the charges for ALL services not performed in OB-GYN Specialists’ office; including but not limited to lab fees, pathology and hospital visits are billed separately by the service provider and are the patient’s responsibility.

I understand that if I present an insufficient funds check (NSF check) for payment on my account that I will be charged a \$35 NSF Fee. These amounts must be cleared with our financial office prior to your next appointment.

I understand that I will be charged a cancellation fee if I fail to cancel an appointment with less than 24-hours’ notice. OB-GYN Specialists, Inc. understand that there may be rare exceptions, but it is mandatory to cancel appointments at your earliest convenience. If you are an established patient and fail to keep an appointment without cancellation, we will charge you \$50; if you are a new patient, we will charge you \$100. If you fail to keep three or more appointments, we may ask you to seek medical care elsewhere.

I understand that I may be charged a \$250 surgery cancellation fee, billed directly to me, if I cancel a surgery less than seven (7) business days prior to the scheduled surgery date. This fee must be cleared with our financial office before surgery can be rescheduled.

Medical doctors are licensed & regulated by the Medical Board of California. To check a license or to file a complaint go to (800) 633-2322 ♦ [www.mbc.ca.gov](http://www.mbc.ca.gov), email [licensecheck@mbc.ca.gov](mailto:licensecheck@mbc.ca.gov), or call (800 633-2322).

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Legal Signature

\_\_\_\_\_  
Date

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Print Patient’s Name

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Relationship to Patient