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Women's Care OB/GYN Medical Group, Inc.

FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you read and sign prior to any treatment. All patients must complete the Patient Information and Health History form before seeing the Doctor.

WE ACCEPT CASH, CHECKS, VISA, MASTERCARD AND DISCOVER

We will bill your insurance company as a courtesy. Your insurance policy is a contract between you and your insurance company. **It is your responsibility to know your benefits and how they will apply to your treatment by the Doctor.** We are not a party to that contract. If your insurance company has not paid your account in full within 60 days of the date of service, the balance will be transferred to you and/or the guarantor listed on the Patient Information form.

HMO Plans (with which we are contracted): **All co-pays must be satisfied at every visit.** Due to contractual and uniform compliance issues with your insurance company, there are no exceptions to the policy of collecting co-pays at every visit. Co-pays not paid at the time of the visit will be subject to a \$15 Administrative Fee to cover the cost of billing you.

PPO Plans (with which we are contracted): We have agreed to take a discount from your insurance company. Your co-insurance and co-pay are your responsibility and are due at the time of treatment. In the event your insurance coverage changes to a plan where we are not a participating provider, you will be responsible for any out of network deductible and/or coinsurance amounts. As a courtesy, we will bill a secondary insurance for any balance not covered by your primary insurance; however, you are responsible for the balance regardless of payment from a secondary insurance. We will not bill a third insurance. Co-pays not paid at the time of the visit will be subject to a \$15 Administrative Fee to cover the cost of billing you.

Medicare: We accept assignment with Medicare. Medicare pays 80% of the allowed amount after satisfaction of the annual deductible. As a courtesy, we will bill your secondary insurance for the remaining 20% of the Medicare allowed payment, however, you are responsible for the balance regardless of payment from a secondary insurance. We will not bill a third insurance.

Usual and Customary Rates: Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Cash Patients: All services must be paid in full at the time of treatment.

Returned Checks: A \$25.00 fee will be charged for any returned checks, regardless of the reason. We will be unable to accept your check for any services thereafter.

Collection Accounts: If your account is referred to our collection agency, and you wish to continue as our patient, all future services will be rendered on a cash basis. We will bill your insurance as a courtesy to reimburse you.

OB Care and Surgery Deposits: **If you are an OB patient, your deductible and any coinsurance amounts are required to be paid in full by your 28th week of pregnancy.** At your second OB visit, we will let you know the full amount for which you are responsible, and the date by which this amount must be paid. We will make payment arrangements with you for monthly and/or weekly payments; however, we cannot extend your payments past your 28th week of pregnancy.

If you are scheduled for a surgical procedure, you will be required to pay any out-of-pocket expenses, which are deemed the patient responsibility by your insurance carrier. This may include your deductible and any coinsurance amounts. **The patient share amount must be paid in full before your surgery is done**

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns. You can reach us at (714)535-8900.

I have read the Financial Policy for Women's Care OB/GYN Medical Group, Inc. I understand and agree to this policy.

Signature of Patient or Responsible Party

Date