

Spanish Hills Medical Group

1901 Outlet Center Drive Suite 200

Oxnard, CA. 93030 (805) 981-8300

FINANCIAL POLICY

Thank you for choosing Spanish Hills Medical Group for your medical care. The following is our Financial Policy which we require that you read and sign prior to treatment.

Patients who have co-payments for office visits will be required to pay the amount at the time of the visit. We accept Cash, Check, MasterCard, Visa, American Express and Discover.

Patients are responsible for knowing and understanding your benefits, including deductibles and co-payments. Please check your benefits and eligibility coverage with your health plan to determine what your out-of-pocket responsibilities are PRIOR to your visit.

Patients must provide our staff with current insurance information, including copies of your insurance cards and photo identification. If these items are not provided you, as the patient, will be responsible for the balance in full at the time of service. Our office will attempt to verify the patient's coverage. In the case we are unable to verify coverage, the patient will be responsible for the balance at the time of service. If the patient is later determined as having coverage, and when payment is received from health plan, the patient will be refunded any money paid, less co-pays and deductible due the office.

If any balance remains after the insurance has paid, you will receive a statement from our billing department. All balance's must be paid within 30 days after receiving your bill. Any balance that has not been paid in 90 days will be considered delinquent and will be sent to our collection agency, which will result in additional collection fees and possible dismissal as a patient of **SHMG**; unless payment arrangements have been made.

Patients who DO NOT have insurance coverage will be required to pay at the time of service for office visits, procedures, injections and any additional fees. Any unpaid balance after 90 days from the time of service will be turned over to our collection agency and dismissal as a patient of **SHMG**; unless payment arrangements have been made.

Workers Compensation: SHMG DOES NOT TREAT or BILL any worker compensation carrier. Your employer will provide a treating physician for work related injuries and/or stress or mental health issues relating to the patients work.

Missed Appointments: Effective July 01, 2016 there will be a fee of \$50.00 for missed appointments. We require 24 hour notice for cancellations.

I have read and understand the Financial Policy. I understand and agree to the policy and acknowledge that it is my responsibility to ensure full payment of my account.

Print Patient Name

Date of Birth

Date

Signature of Patient or Responsible party

Account #

