

Grossmont Family Medical Group, Inc.  
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### FINANCIAL/PAYMENT POLICY

Thank you for choosing Grossmont Family Medical Group as your primary care provider. We are committed to providing you with quality and affordable health care. Because some of our patients have questions regarding patient and insurance responsibility for services rendered, we developed this financial/payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

#### **1. INSURANCE**

We participate in *most* insurance plans, including Medicare. Knowing your insurance benefits is your responsibility; please contact your insurance company with any questions you may have regarding your coverage.

**Proof of Insurance** All patients must present a current valid insurance card before seeing the doctor. If you fail to provide us with your correct insurance information in a timely manner, you may be responsible for the balance of a bill. When your insurance changes, please notify us before your next visit so we can make the appropriate changes and help you receive your maximum benefits.

**Claims Submission** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly; it is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

**Non-Covered Services** Please be aware that some –and perhaps all- of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurance plans. You must pay for these services in full at the time of your visit or as soon as we notify you that the services will not be covered by your insurance plan.

#### **2. CO-PAYS**

All co-pays must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-pays from patients can be considered fraud. Please help us in upholding the law by paying your co-pays at each visit. A billing fee may be added to the amount due if a statement must be sent to you for unpaid co-pay. If you have two insurances, your primary insurance copay is applicable; copays are not billable to any secondary/supplemental insurance plans.

#### **3. DEDUCTIBLES/CO-INSURANCE**

Deductible are provisions that require the member to accumulate a specific amount of medical bills before benefits are provided. After deductible are met, the plan begins paying a percentage of covered services. The member owes the remaining amount, called co-insurance. Co insurance is a form of cost sharing.

#### **4. NON-PAYMENT OF ACCOUNT**

Please be aware that if a balance remains unpaid over 90 days, we may place your account in pre-collection status or refer your account to a collection agency. These actions can possibly jeopardize any future appointments or result in discharge from this practice.

#### **5. MISSED APPOINTMENTS**

Our policy is to charge \$50.00 for missed 30 minute, or longer, appointments not canceled within 24 hours. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your scheduled appointments.

**Thank you for understanding our financial/payment policy. Please let us know if you have any questions or concerns.**

**I have read and understand the financial/payment policy and agree to abide by its guidelines:**

\_\_\_\_\_  
(Patients Printed Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Patient or Responsible Party)

\_\_\_\_\_  
(Relationship to Patient)