

**MONTEREY PENINSULA PEDIATRIC MEDICAL GROUP**

**Assignment of Benefits Agreement**

**Billing Policy**

Monterey Peninsula Pediatric Medical Group believes that part of good healthcare practice is to establish and communicate a financial policy to our patients. We are dedicated to providing the best possible care for your child (and/or children), and we want you to completely understand our financial policy.

**PAYMENT-** We will accept cash, checks and credit cards including Visa, Mastercard and Discover. Payment will include any unmet deductible, coinsurance, and/or copay amount of non-covered charges from your insurance company. If you do not carry insurance, or if your coverage is unable to be verified by our office staff, payment is expected in full at the time of your visit.

**INSURANCE-** It is your responsibility to inform of us of any and all insurance changes prior to your visit. Failure to do so may result in possible reschedule or payment due at time of service.

- a. We are participating providers with several insurance plans. We will file all of these insurance claims as a courtesy. A list of these insurance plans is available on our website. Please remember that insurance is a contract between the guarantor and the insurance company and ultimately the guarantor is responsible for payment in full. If your insurance company does not pay the practice within a reasonable period of time, you will be billed. If we later receive payment from your insurer, we will refund any overpayment to you.
- b. If we are not providers for your insurance you may be responsible for payment in full. Due to the many different insurance products out there, our staff cannot guarantee your eligibility and coverage. Be sure to check with your insurer's member benefits department about services and physicians before your appointment.
- c. Not all insurances plans cover all services. In the event your insurance plan determines a service to be "not-covered", you will be responsible for the complete charge. Payment is due upon receipt of statement from our office. All procedures billed in this office are considered covered unless limited by your specific insurance policy.

**RETURNED CHECKS-** Will incur a \$25.00 service charge. You will be asked to bring cash or money order to cover the amount of the check plus the service charge. We will also no longer accept checks as a form of future payments.

**ACCOUNTING PRINCIPLES-** Payment and credits are applied to the oldest charge first, with the exception of insurance payments, which are applied to the corresponding dates of service. This keeps the account in good standing.

**MISSED OR CANCELLED APPOINTMENTS-** Any time you are unable to keep your appointment, we request a call no less than 2 hours in advance so that we may cancel your appointment and use that time for another patient. When cancelling an appointment after hours or during lunch hours, please leave a message on our timestamped voicemail. We will follow up with a call during business hours. Appointments cancelled less than 2 hours in advance or missed appointments will result in a \$25 fee.

If you have any questions regarding your billing statements our billing department is available to assist you.

I have read and understand the practice's Assignment of Benefits Agreement and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.

X \_\_\_\_\_  
Signature of Guarantor

\_\_\_\_\_  
Date