

At CSPP, we are dedicated to providing the best possible care for you. We believe in establishing good communication to our patients about our financial policy, which you can find listed below:

1. **PAYMENT:** Payment is expected at the time of your visit. We accept cash, debit or credit cards. We will occasionally accept checks for our established patients. Payment will include any unmet deductible, co-insurance, co-payment amount, or non-covered charges from your insurance company. If you do not carry insurance, or if your coverage is currently under a pre-existing condition clause, payment in full is expected at the time of your visit. We do ask for a copy of an ID card or license to protect your identity.
2. **INSURANCE:** We are participating providers with multiple insurance plans and file all insurance claims. A list of the insurance plans we cover is available upon request. Please remember that insurance is a contract between the patient and the insurance company and ultimately the patient 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 for your office visit. If we later receive payment from your insurer, we will refund any overpayment to you.

If our doctors are not listed in your plan's network, you may be responsible for partial or full payment. If you are insured by a plan with which we have no prior arrangement, we will prepare and send the claim in for you on an unassigned basis. This means the insurer may send the payment directly to you and therefore, our charges for you are due at the time of service. 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. You are responsible for obtaining a properly dated referral if required by your insurer and responsible for payment if your claim rejects for the lack of one.

Not all insurance plans cover all services. In the event your insurance plan determines a service to "not be covered," you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office. All procedures billed in this office are considered covered unless limited by your specific insurance policy.

3. **LATE CHARGES:** Late charges of 12% annually will be applied to all patient balances 45 days old or greater.
4. **RETURNED CHECKS:** Returned Checks will incur a \$30.00 service charge. You will be asked to bring cash, certified funds or a money order to cover the amount of the check, plus the \$30.00 service charge to pay the balance prior to receiving additional services from our staff or the physician. Stop payments constitute a breach of payment and are subject to a \$30.00 service fee and collections action. All bad checks written to this office are subject to collections and will be prosecuted by Los Angeles County.
5. **ACCOUNTING PRINCIPALS:** Payments and credits are applied to the oldest charges first, except for insurance payments which are applied to the corresponding dates of service.

6. FORM FEES:

DMV Handicap Placard - \$35

- Please bring in printed paperwork from the DMV/DMV website and form request.
- Payment is due when forms are dropped off.
- Allow 3 business days to be completed.

Letters (Excuse for jury duty, travel, gym, etc.) - \$35 minimum

- Please fill out form request and indicate which type of letter you are requesting.
- Payment due when request is submitted. May vary depending on complexity of letter.
- Allow 3 business days to be completed.

EDD Disability Form - \$75

- Please bring in disability form and fill out form request.
- Payment is due when request is submitted.
- Allow 5 business days to be completed.

Insurance Forms (Non-EDD Disability) - \$50-\$300

- Please bring in necessary paperwork and form request.
- Payment is due when forms are submitted
- Allow up to 5 business days to be completed - may require a follow up visit depending on detail required

Medical Record Request - \$15 up to 20 pages, \$0.50 per page in excess of 20

- Please fill out form request sheet
- Payment is due when request is submitted
- Allow 5 business days for preparation and pick up at our office location

7. **NO SHOW/CANCELLATION FEE:** If a New Patient fails to cancel their scheduled appointment, by 10:00am the day of the appointment, a \$50.00 deposit will be required to schedule a new appointment. A no-show appointment will result in a \$25.00 fee for the first no show, and \$50.00 each subsequent no show appointments. After 3 no shows, treatment will be suspended.
8. **BILLING OFFICE:** If you have questions in regards to your billing statements, our accounts receivable staff at Medical Practice Management Resources Inc. (MPMR) is available to assist you. CALL 951-699-0303.