

Hera Ob/Gyn Medical Group, Inc.
1552 Coffee Road, 1st Floor, Modesto, CA 95355
Phone (209)521-4372 Fax (209)523-2005

FINANCIAL AGREEMENT/CREDIT POLICY

- Charges for medical services at our office are due and payable when services are rendered. In the event other payment arrangements are made with our billing office, a statement will be sent to you with payment due upon receipt. We accept VISA and MASTERCARD.
- If you have health insurance, we will bill your insurance as a courtesy. We do not bill secondary insurance for primary insurance copays. It should be understood that this is an agreement between you and your insurance company. Your provider's bill is an agreement between you and your provider.
- For insurance plans-patient's copay, coinsurance and deductibles as stipulated by your insurance are due at the time of service, whether or not you are asked for it by the receptionist or you may be asked to reschedule. In the event we are required to bill you, there will be a \$5.00 billing charge added.
- It is the patient's responsibility to inform our office if the insurance has changed, needs prior authorization or a referral, as well as the insurance's contracting hospital.
- In the event that you do not provide the correct insurance information at the time of service, we will try to assist you in billing the correct insurance. If your insurance denies a claim for untimely filing, you will be responsible for the balance in full.
- If unusual circumstances should make it impossible for you to meet our credit terms, we invite you to discuss your account with our billing service or office manager. This will avoid any misunderstandings and enable you to keep your account in good standing.
- All delinquent accounts shall bear interest at the current legal rate. Accounts 90 (ninety) days past due will be sent to a collection agency. Should the account be referred to a collections agency for collection the undersigned shall pay all collection expenses.
- For scheduled elective surgeries, the copayment/co-insurance must be made before the day of surgery, unless arrangements have been made in advance with our office.
- Our office will fill out state disability/employment disability/insurance forms. There is a \$15.00 charge per form to be paid at drop off and requires 3-5 working days for completion. All forms must be picked up by the patient.
- There is no charge for medical records to be mailed to another provider or facility for continuing medical care. There is a charge of \$15.00 if records are handcarried or obtained for personal use.
- Bounced check charges are \$25.00 plus the amount of the original check.
- The undersigned agrees, whether he/she signs as the patient or as an agent for the patient, that in consideration for medical services rendered to the patient, he/she hereby individually obligates him/herself to pay the account of this office, in accordance with the regular or contract provider rates and terms of the office. - The undersigned agrees that he/she has been informed that this office does not accept Medi-Cal as payment for services, except upon referral from patient's primary care provider, and that he/she accepts individually the obligation for payment of services.

NOTICE TO CONSUMERS

Medical doctors are licensed and regulated by the Medical Board of California
(800)633-2322 www.mbc.ca.gov

Name of patient: _____ Signature: _____

Date: _____ Relationship to patient: _____