

# Medical Group of North County, Inc.



We are committed to providing you with the very best of health care. Please read this form and sign at the bottom.

## Financial Policy

Payment for services is due at the time of service. We accept cash, checks, MasterCard and Visa. We will be gladly to file your insurance claims if you are a member of a plan with which we are contracted.

Please remember:

- Your insurance is a contract between you, your employer and the insurance company.
- Not all services are a benefit of your contract.
- Non-covered services are your responsibility.
- There may be an invoicing charge of \$15.00 if your co-pay or other fees are not paid at the time of service.

## Medical Records

Medical Records are the property of Medical Group of North County. You have the right to review your records or request a copy of it. The charge to copy your record for personal use (to be paid in advance) or for a new primary care physician is \$25.00 (California Code 1560-1567).

## Medical Correspondence

Written correspondence for various purposes is available for fee.

Form fees:

- |  |         |
|--|---------|
| ▪ DMV forms (excluding Handicap placard forms) | \$75.00 |
| ▪ Disability forms                             | \$75.00 |
| ▪ School physical form                         | \$75.00 |
| ▪ Assisted Living admission form               | \$75.00 |
| ▪ Other detailed forms                         | \$75.00 |

## Cancellations and Missed Appointments

24 hour notice is required for cancellations. Missed appointments or less than 24 hour notice will be assessed. The following charges are to partially recover our staffing costs and reserved physician's time.

New Patient Missed Appointment	\$100.00
Follow-Up Missed Appointments	\$75.00

I have read and understand the above statements and agree to abide by these policies.

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Signature

Date