

# MGNC Medical Group of North County, Inc.



## STATEMENT OF FINANCIAL POLICY

The Medical Group of North County, Inc. is a provider for many insurance plans and will be listed in your group's provider list if we are participating in your plan. We will bill your insurance directly and receive payment directly from them. However, to avoid any confusion, be aware that we do expect payment of any applicable deductible, co-payments or co-insurance amounts at the time of service. Also, any services that your insurance will not cover are your responsibility.

If your insurance requires prior authorization for any of your treatment here, and if this authorization has not been obtained before your visit, you will be expected to pay for all charges incurred. If your insurance subsequently authorizes today's services, your payment will be refunded upon receipt of insurance payment.

If we are not a participating provider for your insurance plan, we will still bill your insurance directly if you have provided us with complete information to do so. You may receive a statement for the entire charge prior to your insurance paying. You may wait to pay us until after the insurance has paid its portion providing the insurance company pays within 30 days.

If you do not have insurance, payment is expected at the time of service. We accept Visa and Mastercard for your convenience. If payment in full is not possible at the time of service, payment plans are available and can be arranged in our Business Office upon your request.

If you need our doctor to complete forms, (such as for disability, Department of Motor Vehicles, or other physician report forms), there will be a **\$50.00 fee per form**.

Statements are mailed monthly to patients with an outstanding balance. We may assess interest @ the rate of 1% per month on all accounts over 60 days. If you are unable to pay your balance within 30 days, please contact the Billing Office at (760) 598-1700 to make payment arrangements, unless a payment schedule already exists.

If you must cancel your appointment, please give us at least 24-hours' notice so we can schedule another person in your place. There is a **Missed Appointment Fee of \$35.00** charged for appointments not cancelled with 24-hours notice. This fee will be waived if a phone call is received within the specified timeframe or if documentation of an emergency can be provided.

Billing Office hours are 8:30 A.M. to 4:30 P.M., Monday through Friday. If you reach our voicemail, please leave a detailed message and we will return your call as soon as possible.

Thank you for choosing Medical Group of North County, Inc.

I have read and understand the Medical Group of North County, Inc, financial and claims filing policies.

PRINT PATIENT NAME \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

Responsible Party Signature \_\_\_\_\_

Date \_\_\_\_\_