

Sacramento Colon & Rectal Surgery Medical Group Financial Policy

It is our policy to bill your insurance carrier(s) as a courtesy to you. It should be understood that although we are billing your insurance(s), all charges incurred are ultimately your responsibility and you are responsible for seeing that your insurance pays us. We invite you to call and personally discuss any unusual financial circumstances with our billing company. This will avoid misunderstandings and enable you to keep your account in good standing. If you do not have any insurance coverage, full payment is required at the time of service. There is a \$45 fee charged on all returned checks. We accept credit card or personal checks only. We do not take cash.

Unless you have arranged to be on a payment plan with us, accounts with any remaining balance beyond 90 days, after insurance has processed the claim and determined the patient's portion of financial responsibility, will be referred to our collection agency. For patients who have elected to be on a payment plan but no payment has been made for 90 days, any remaining balance will be referred to our collection agency. For your information, a holder of this medical debt contract is prohibited by Section 1785.27 of the Civil Code from furnishing any information related to this debt to a consumer credit reporting agency. In addition to any other penalties allowed by law, if a person knowingly violates that section by furnishing information regarding this debt to a consumer credit reporting agency, the debt shall be void and unenforceable.

Charges and bills for medical care rendered by the physicians/surgeons/providers at Sacramento Colon & Rectal Surgery Medical Group are separate from charges and bills by the facilities (hospitals, surgery centers, endoscopy centers, radiology facilities, lab facilities, etc.), as well as anesthesiologists/anesthesiology groups, pathologists/pathology groups, and any other facilities/physicians/providers/medical groups involved in your care.

The charges and bills provided to you by Sacramento Colon & Rectal Surgery Medical Group are to be paid separately from any other bills you receive from facilities and other healthcare providers. Any payments you make to the facilities or other healthcare providers are not reimbursement to Sacramento Colon & Rectal Surgery Medical Group for the services provided by our physicians/surgeons/providers, and you are responsible for making payment directly to Sacramento Colon & Rectal Surgery Medical Group for these services provided by our physicians/surgeons/providers in our office or any outside facility.

Telehealth appointments are treated the same as in-office appointments and your insurance will be billed upon completion of your appointment. You may be billed for any outstanding fees your insurance deems your responsibility. Telehealth appointments are not simple phone calls rather; these are scheduled appointments your physician has set aside to spend

with you discussing your medical care in detail. Pre-registration is required for these appointments and staff will collect your copayment during this time.

Please bring your insurance cards with you when you come into the office for your appointments. We, as well as your insurance company require payment of all co-pays at the time of service. If your insurance company requires a referral from your primary care physician (most do), please arrange for them to fax or mail it to us prior to your appointment. If we do not have your referral or copayment at the time of your appointment you will be rescheduled.

Be sure to inform us if prior authorization is required by your insurance company for visits, hospitalization, outpatient procedures, laboratory and radiology studies, or if you are required by your insurance to use certain outpatient or hospital facilities. Not having the required prior authorization could reduce the amount otherwise payable by your insurance and or delay payment. If we are obligated to obtain authorization for office procedures done here, please allow us time to gather the information and submit it to the medical group or your referring physician.

Patients with a significant deductible that must be met prior to surgery will be required to make an upfront payment toward the deductible as a good faith payment for your procedure. Failure to provide this prepayment by the specified deadline will result in the cancellation of the procedure. Our office and billing department will work with you to clarify this amount and answer any questions to ensure you are well informed about your financial responsibilities.

If you have any questions concerning our policies, please discuss them with our billing company, Healthcombine Solutions at (510) 259-0000.

In addition to the above, your signature below will authorize the physician to furnish information to your insurance concerning your illness, and assign to the doctor all payments for medical services rendered. please let us know if you would like a copy of your signed financial agreement.

Signature _____

Print Name _____

Date _____