



VIPMD
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FINANCIAL POLICY WE ACCEPT VISA, MASTERCARD, AMERICAN EXPRESS & DISCOVER

Thank you for choosing us as your medical group. We are committed to your treatment being successful, as you, the patient, are our first and foremost concern. As part of our service, we try to contain the cost of health care. In an effort to do this, we have implemented a Financial Policy.

The following is a statement of our FINANCIAL POLICY which we request you read and sign prior to any treatment. To avoid any misunderstandings, please contact us should you have any questions about our policies.

INSURANCE: If your doctor is a participating provider with your insurance plan, the claim is submitted to your insurance company. To do this we must have complete and accurate insurance information and a copy of your identification card or claim form. Your insurance policy is a contract between you and your insurance company; therefore, you are responsible for payment whether or not your insurance company pays. It is your responsibility to contact your insurance company regarding pre-authorizations, obtaining required referrals, second opinions, etc. Failure to do so may reduce the amount of benefits paid by your insurance, and the balance will then become your responsibility to pay. All co-payments must be paid at the time of service.

NO INSURANCE: If you do not have insurance or the doctor is not a participating provider with your insurance plan, please be prepared to fully cover the fees for each visit at the time of treatment.

PAYMENT: Payments for the balance due, co-payments, deductibles, etc., are due at the time of service and may be made by cash, check or credit card (Visa, MasterCard, American Express, Discover. There will be a \$25.00 charge for returned checks. Delinquent accounts will be referred for collection at the discretion of the office manager.

MANAGED CARE PATIENTS/PRIVATE INSURANCE: If you are in a managed care plan (HMO, PPO, IPA with whom we participate, we abide by our contract with them. In either managed care plans or private plans, we will bill your insurance company; however, you are responsible for paying any co-pays, coinsurance and deductibles required by your plan at the time of treatment.

MEDICARE PATIENTS: We accept assignment for Medicare; that does not mean that all services are covered. Patients are responsible for paying their annual deductible if it has not yet been met. You are also responsible for any co-payments, which are usually 20% of the allowed amount for an item or service.

MINOR PATIENTS: The adult or the parent (custodial guardian accompanying a minor is responsible for payment of services. For unaccompanied minors, non-emergency treatment will be denied unless prior authorization from the parent or guardian has been made for the charges and treatment. Young adults (age 18 & over are legally responsible for their accounts unless a parent accompanies them to the initial appointment and signs this financial agreement, regardless of insurance coverage.

MISSED APPOINTMENTS: Please help us serve you better by keeping scheduled appointments. If it is necessary to cancel, please call our office 24 hours in advance. This allows us to accommodate our other patients. We reserve the right to charge for missed appointments.

Please complete the following items:

What is your co-payment per visit: \$_____

What is your insurance annual deductible: \$_____ How much of the deductible is current (not yet paid: \$_____ (if you are not sure what your current (not yet paid deductible is, please call your insurance company prior to your visit. Please be prepared to pay your co-payment and any charges within your current deductible at the time of your visit.

I have read and agree to the terms set forth in the above financial policy. I am financially responsible for any balance due.

Patient Signature _____ Date _____

OFFICE PROTOCOL

Welcome to VIPMD medical group, we are very pleased to have you as a patient. We understand that your medical issue may be significant enough to interfere with your lifestyle and we will be very cognizant of your time. We recognize that you may be in pain and very frustrated with your situation and we hope to make this process as easy and pleasant as possible. We would like to cover a few items before we started.

Financial surprise or misunderstandings are the most common reasons for frustration. Please let us know as soon as an issues develop so that we can be very clear, open, and transparent to help avoid misunderstandings.

Definition of covered: When the staff uses the word "covered" it means that this item, whether a procedure or a piece of medical equipment, is normally paid by your insurance company. However, even with insurance coverage, remaining fees after co-insurance and deductibles will apply to the patient. Therefore, even though the item is covered, you may still have a bill.

Deductible: The deductible is an amount of money that is to be paid by the patient before any insurance benefits will be reimbursed. This means that the office will collect any charges to the patient at the time of service until this amount is reached. Please understand your deductible and how much has been met currently.

Co-Insurance: This is a percentage that some insurances do not pay and will require the insured patient to reimburse the physician or facility. A common co-insurance is between 10% and 30%, though this varies significantly between specific procedures or medical equipment that is provided.

Co-pay: This is the amount your insurance requires you pay at each office visit and is due at check-in. You cannot be seen unless this fee is paid.

Late for appointment: We try to stay on time, but many times is not possible. This is made worse by patients being late for their appointment time. If you are greater than 15 minutes late, we may be able to work you into the schedule later in the day or we may ask you to reschedule. The new patient intake forms take about 15 minutes. If you are a new patient and have not filled out the intake forms by your appointment time, we may also ask you to reschedule.

Missed Appointments: Please help us serve you better by keeping scheduled appointments. If it is necessary to cancel, please call our office 24 hours in advance. This allows us to accommodate our other patients. We reserve the right to charge for missed appointments.

Cell phone: Please be courteous and turn your cell phone ring tone off. Innumerable times during office appointments, cell phone calls interrupt the evaluation and treatment process. If you are speaking on the phone during an appointment the doctors will bypass your appointment until you are finished with your phone call.

Medical records: The office owns the medical record. It is not the property of a patient. The original copy must always stay in possession of the office. As a patient you may have access to your medical records and purchase copies per the fee schedule set by the state of California. We require a signed waiver and request 2 weeks' notice.

Common courtesies: This is a professional office and we expect patients and their family members to behave accordingly. Please use professional behavior at all times.

Many ailments do not improve one single treatment and may require several weeks or months for improvement. Several different modalities may be needed depending upon the severity and the condition. Be prepared that multiple visits may be needed for diagnostic testing and possibly more than 1 treatment.

Medication refills: We try to refill PRN and daily use medication over the phone and we will ask you to be seen by physician relatively routinely. If you have not been seen within one year, your prescription will not be refilled. We ask gout patients to return every 6 months for labs and refills.

Lab testing, MRIs, and pathology reports: These imaging and testing results take time to be performed and then reported to our office. These will be interpreted by our staff and we will call you as soon as possible, and therefore we ask for your patience. Please allow 1 week for follow up on non-urgent results and test scheduling. Obviously we will be in contact with you immediately for more serious results.

Patient Signature _____ Date _____