

Financial Policy

Rosemarie Tweed, D.O. A.P.C., 14114 Business Center Dr. Suite A, Moreno Valley , CA 92553

Insurance coverage can be confusing, and some people assume that their insurance is responsible for their total bill. It is important that you understand that your insurance contract is between you and your insurance company. The final responsibility for payment of professional services belongs to the patient and not to their insurance company.

We want to help you receive the maximum benefits you are entitled to from your insurance policy. We submit claims at no extra charge to our patient as a courtesy. To submit claims, we must have complete and accurate insurance information about both the insured and the patient. If you do not have this information at the time of service, you will be asked to pay for services in full, or you may reschedule. All co-pays are due at the time of service as required by your insurance company.

At each office visit you will be asked to provide a copy of your insurance card and to verify your coverage, address, and phone number. Incorrect information will cause a delay in processing your claims. All charges are your responsibility; including those billed to your insurance company and not paid within 90 days from the date of service.

If you do not have insurance coverage, we ask for payment in full at time of service. A discount is given for payment in full at time of service.

If your account requires a billing statement, the balance is due and payable upon receipt. Charges that have been billed to your insurance plan will be noted on your statement until payment and/or an explanation of benefits (EOB) is received from the insurance company. Again, we will bill your plan directly as a service to you, but not in substitute of your primary responsibility for payment.

If your account goes unpaid for 120s or more without arrangement of a payment plan, collection procedures will be started. **Cancelled or returned checks will incur a \$20.00 service charge.**

To avoid misunderstandings, our billing officer encourages early discussion of financial problems or questions regarding fees, insurance payments, billing statements, etc.

Assignment and release

Private Insurance: I, the undersigned, have insurance coverage with: _____ and assign directly to Rosemarie Tweed, D.O. A.P.C., all medical benefits if any, otherwise payable to me for services rendered. I hereby authorize the doctors (Rosemarie Tweed and Jesse Tweed) to release all information necessary to secure the payments of benefits. I authorize the use of this signature on all my insurance submissions. This signature also gives consent for treatment to Rosemarie Tweed, D.O. A.P.C. and all of its providers. I have read and understood the financial policy of Rosemarie Tweed D.O. A.P.C., and hereby agree to it.

Signature of Parent or Guardian

Relationship to Patient

Date

Medi-Cal: Medi-Cal payments are accepted by the Rosemarie Tweed, D.O A.P.C., as payment in full, and Medi-Cal patients parent or guardian will not be expected nor required to pay for expenses not covered by Medi-Cal. Your signature assigns Medi-Cal benefits to Rosemarie Tweed, DO APC, and authorizes the release of all information necessary to secure the payment of benefits. It also gives consent for treatment to Rosemarie Tweed, DO A.P.C. and all of its providers.

Signature of Parent or Guardian

Relationship to Patient

Date