

Parham Gharagozlou, MD INC
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PATIENT FINANCIAL POLICY

In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial policy. If you have any questions, please discuss them with our office staff or billing department. We are dedicated to providing the best possible care and service to you and regard your complete understanding of our financial policies as an essential element of your care and treatment. Our financial policy is:

- Unless you or your insurance company has made other arrangements, in advance, payment is due at the time of service. For your convenience we will accept Personal checks, Visa, MasterCard or discover cards. For payments more than \$250 we do not accept personal check at this point.
- **MEDICARE.** We accept assignment on Medicare claims. If you have Medicare, you will be required to pay your 20% co-pay and your deductible or show proof that you have met your deductible, at the time of your visit. Please discuss details with our billing office.
- If our physician is **not** a provider with your insurance company, as a courtesy, we will file your claims for you, if you assign benefits to our physician. If your insurance company does not pay within a reasonable time, you will be responsible for payment. We then will provide you with paperwork that will help you be reimbursed from your insurance company.
- If our physician **is** a provider with your insurance company, we will file your claim and you will be responsible for deductibles and co-payments at the time of service. If your insurance company states that at the time of service you did not have coverage, for the services rendered, you will be responsible for your balance.
- A charge of \$25.00 will be assessed for any returned checks. The patient/guarantor will be held responsible for any collection charges incurred on a delinquent account.
- A \$75.00 Charge will be assessed on “no show” for clinic appointment and a charge of \$200 will be assessed on “no shows” for any type of sleep study. That will be assessed to the patient and not the insurance company.

PATIENT RESPONSIBILITY

Unless our contract with your insurance company states otherwise, you will be billed for services designated by your insurance company as patient responsibility.

I have read and understand the financial policy of the practice and I agree to be bound by its terms.

Signature of Patient or Responsible Party

Date
