

OFFICE FINANCIAL POLICY

Thank you for choosing Anjali Monga, M.D., Inc. as your child's healthcare provider; we appreciate the opportunity to serve their healthcare needs. We are committed to their treatment being successful and we value your trust in us.

Please understand that payment of your bill is considered part of the treatment process. We find communication with our patients/parents regarding our policies assists us in providing the best possible service. The following is a statement of our Financial Policy which we require you to read and agree to prior to your treatment:

- We are happy to file your insurance claim for you. In order to work with your insurance carrier, we must have **complete and current registration information, a copy of your insurance card, and your signature on file**. If you are unable to verify coverage, you will be considered "self-pay" until the information is received.
- You must inform the office of all insurance changes and authorization requirements. You will be responsible for any charges that are denied by your insurance carrier which result from incomplete and/ or out of date coverage information.
- Patients who are "self-pay" or have no insurance will be required to pay a minimum of \$50 at the time of service. However, there may be times when all charges for that visit are not listed on your account at the time of check-out. You will be billed for these additional charges if applicable.
- Please understand there may be charges which your insurance carrier considers "non-covered" or "out of network" and may be excluded from your policy. You are responsible for these fees and you authorize Anjali Monga, M.D., Inc. to bill you for any appropriate services. This is in accordance with your insurance carrier contract. If you receive a bill you disagree with, please contact our biller Stephanie at (949) 733-2800 ext 28 or (949) 207-3377 option 1.
- All co-pays are due at time of service. (A \$10 billing fee will be assessed for any co-pay not paid at time of service). Any account balances are also due at time of service. We accept cash, checks, MasterCard, Visa and Discover. **Please note any returned check is subject to an additional \$25 fee.**
- We do understand special financial needs and offer payment plans in these circumstances. If you need special payment arrangements, please contact our billing department. For most of our payment plans we do ask that the account balances be paid in full within 3 consecutive monthly payments. If you need further assistance, please contact our biller Stephanie at (949) 733-2800 ext 28 or (949) 207-3377
- We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. **If an appointment is not cancelled at least 24 hours in advance, you will be charged a Twenty-five-dollar (\$25) fee; this will not be covered by your insurance company.**
- Past due accounts may be subject to collection proceedings. **PATIENTS WHO ARE SENT TO COLLECTIONS WILL BE DISMISSED FROM THE PRACTICE.**

I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE ABOVE FINANCIAL POLICY

Signature: _____ Date: _____

(Parent or Guardian only; children under 18 years of age may not sign form)