



600 N. Mountain Ave., Suite A104 Upland, CA. 91786
(909) 931-1033 FAX (909) 981-8976

Billing Policy and Procedures:

- The patient will be charged a fee of \$25.00 for any appointment not cancelled within 24hrs prior to scheduled time.
- Courtesy billing is provided when the proper information has been furnished by the patient. This includes insurance cards, billing addresses, and subscriber information. If this information is not provided prior to billing it will be the patient's responsibility to pay for the services rendered.
- If the insurance company does not cover the patient's bill in full it is the responsibility of the patient to cover any balance. The balance on the account will be billed and is expected to be paid promptly or payment arrangements made.
- Not all services are covered benefits of all insurance contracts. The patient is responsible for knowing whether or not their insurance will cover a certain service needed. In the event that the insurance company does not cover the services the payment for services are the patient's responsibility.
- It is the patient's responsibility to check with the insurance company regarding prior authorization before having services performed.
- **HMO** patients: it is the patient's responsibility to make sure that the policy is effective with Primecare Medical Group of Inland Valley. Insured patient's that are not an active member with Primecare Medical Group of Inland Valley and do not have a Point of Service plan will be treated as cash paying patients. All co-pays are due at the time services are rendered.
- Medicare assignment is accepted. As a courtesy we will bill the secondary insurance one time. Any balance not covered will be the patient's responsibility.
- **All co-pays** and deductibles are payable at the time services are rendered with the exception of surgical and obstetrical patient's. Patient's scheduled for surgeries are required to have the patient portion paid by the Pre-Op appointment. Obstetrical patients are responsible for payment as outlined in the OB Contract provided by our office.
- All accounts are due and payable within 60 days from the date of service unless arrangements have been made.

Signature Patient/Responsible party _____ Date: _____