

Mechel M. Henry, M.D.
1300 Clay Street, Suite 600, Oakland, California 94612

FINANCIAL POLICY

Payment for office examinations and treatment is due at the time service is rendered.

INSURANCE:

Insurance is a contract between you and your insurance company. Dr. Henry NOT a party to this contract, in most cases. You will be provided with a bill, which you can mail to your insurance company. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and reimbursement. You agree to pay any portion of the charges not covered by insurance. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or authorization may result in a lower payment from the insurance company. Insurance is a method of reimbursing YOU, the patient, for fees you have paid to the doctor; **IT IS NOT A SUBSTITUTE FOR PAYMENT.**

PAST DUE ACCOUNTS: If we do not receive payment within (60) days your account is considered past due. We refer past due accounts to a collections agency.

FINANCE CHARGE: A finance charge will be imposed on each item of your account which has not been paid within (60) days of the time the item was added to the account. The FINANCE CHARGE will be computed at the rate of one percent (1%) per month or an ANNUAL PERCENTAGE RATE of twelve (12%) percent. The finance charge of your account is computed by applying the periodic rate (1%) to the "overdue balance" of your account. The "overdue balance" of your account is calculated by taking the balance owed sixty (60) days ago, and then subtracting any payments or credits applied to the account during that time.

MISSED APPOINTMENT FEE: In the event that you need to cancel or reschedule an appointment, we require 48 hours notice. Patients that cancel or reschedule with less than 48 Hour's notice will be charged a fee. **This fee is not billable to your health insurance or workers compensation insurance and must be paid before a new appointment is scheduled.** Our fees are as follows: New Patient and Follow-up treatment consultations missed appointment fee: \$650. Medical Legal evaluation missed appointment fee \$650.

RETURNED CHECK FEE: There is a fee of \$75 for any checks returned by the bank.

WORKERS COMPENSATION: We require authorization by your employer and/or your worker's compensation insurance carrier prior to your initial visit. If your claim is denied, you will be responsible for payment in full. Missed appointment fees are not a covered worker's compensation benefit; you are responsible for these charges.

Statements: Every 30 days you will receive a statement regarding any outstanding balance you may have. Our goal is to communicate your financial obligation as clearly as possible in order to focus more fully on your health care.

I, _____ understand that the information given on my patient registration form is true and correct. I understand that if I am not eligible under the terms of my Medical Insurance Agreement and/or Workers Compensation benefits, I am liable for all charges for services rendered.

Patient's Name: _____

Responsible party or Guardian (If not the patient): _____

Signature: _____

Date: _____