

Financial Policy

Welcome to the office of Dr. Ruth Ann Crystal, MD, PC. The following outlines our patient financial responsibility policy. We must emphasize that as a physician, Dr. Crystal's relationship is with you, not your insurance company.

YOUR INSURANCE IS A CONTRACT BETWEEN YOU, YOUR EMPLOYER AND THE INSURANCE COMPANY. Dr. Crystal is not party to that contract. We will file the insurance claim as a courtesy to you. You are financially responsible for all services rendered and referred by this office. Any disputes between you and your insurance company will not affect your obligation to pay your bill.

Medical insurance has become very complex. Each individual employer decides what type of PPO plan the patient will have. Dr. Crystal participates with most major insurance companies. However, she is not contracted with every individual PPO plan offered by the major insurance companies. It is the patient's responsibility to call their individual PPO plan prior to their appointment to verify that Dr. Crystal is a preferred provider. You should also clarify with your plan what your yearly deductible is and what additional co-insurance payment will be your responsibility. We currently send claims to hundreds of plans and are not responsible for knowing the requirements of your specific plan. We do not file insurance claims for plans with whom we do not participate.

In order for us to file a claim, you must present a **CURRENT** copy of your insurance at each visit and communicate any changes in your personal information. It is your responsibility to pay the deductible, co-insurance and other balances not covered by your insurance plan on the day service is rendered. Co-payment will be collected at the time of registration or check-in. For your convenience, we accept cash, personal checks, Visa or MasterCard.

Not every service is a covered benefit in all contracts. It is important that you read and understand your health insurance policy and its requirements for coverage including pre-authorization of services. Some common examples of non-covered services are contraception, preconception counseling and infertility. Additionally, some plans do not cover preventative care (well woman exams) or obstetrical services.

Each visit is documented in your medical record and a diagnosis is made by the provider. Diagnoses are made based on medical information, not based on coverage by Insurance Companies. To request a diagnosis change solely for the purpose of securing reimbursement from an insurance carrier is inappropriate and is considered insurance fraud.

The parents (or guardians) of a minor patient are responsible for full payment of their child's bill.

Collections Charge – Accounts that are not paid within 60 days from due date may be sent to an External Collection agency and reported to the Credit Bureau. In addition to your outstanding balance, a 33% surcharge may be added to cover our costs. In addition, you may be removed from the practice.

Lab Charges – Depending on your insurance, you may get a separate bill from the lab facility that performs your lab work. These charges (including pathologist fees for analyzing pap smears and biopsies) should be discussed directly with the Lab facility. If your insurance company requires that you use a specific laboratory, it is your responsibility to let us know this in advance.

No show appointments:	\$ 75	Returned checks:	\$ 30 charge
Medical Records copy:	\$ 15	Credit Card Processing	\$ 1

If you have any questions regarding our Financial Policy, please contact the office billing at (650) 568-1392 **prior** to signing this form.

I have read, understand and agree to comply with this Financial Policy. I authorize my insurance benefits to be paid directly to Dr. Crystal. I further authorize the release of information required to process an insurance claim.

Your Printed Name

Signature

Date