



TREATMENT AND FINANCIAL RESPONSIBILITY INFORMATION

Appointments: When you arrive, please stop at the Check In window and let the office staff know you are here before being seated. In order to serve all patients promptly, please schedule all appointments in advance. This includes laboratory and injection appointments.

Cancellation Policy: Please understand that it is important to us to be available for all our patients and appointment times are precious. Please notify us 24 hours in advance if you need to cancel or change appointments. This allows us to accommodate patients who need to be seen urgently. There will be a \$50 appointment cancellation fee if we are not notified in advance that you cannot make your appointment.

Patient with Insurance: Although we will bill your insurance company/medical group for services rendered, you are financially responsible for all services rendered. If payment has not been received within sixty (60) days of billing your insurance company/medical group, we will contact you for assistance. Should your insurance company/medical group deny coverage for any reason, you will be responsible for payment in full within thirty (30) days of your billing statement.

Dual Coverage: V.M.O.C. abides by the California State insurance laws, which govern coordination of benefits. Therefore, you are responsible for providing us with all billing information for primary, secondary, and tertiary insurance plans.

Co-Pay Policy: If your insurance has a co-pay, they require that you pay the co-pay at the time of the visit. A co-pay is collected for all office visits, including visits with the doctor or other medical staff. Also included are office visits when chemotherapy is scheduled (even if the treatment is held due to medical condition) and visits for infections. This is regardless of whether the patient sees the doctor or not, since the doctor is involved with the medical decision making. If you anticipate any financial difficulty with paying your co-pay, please contact our billing Office as soon as possible. If we have to send you a statement for unpaid co-pay(s), there will be a \$10.00 Statement Fee.

Authorization & Assignment of Benefits: In the New Patient Information paperwork is a release of information and assignment of benefits form for you to sign. This authorizes V.M.O.C. to release medical information to your insurance plan/medical group that may be needed to process/pay your claims. The "assignment of benefits" requests that insurance payments be made directly to V.M.O.C., and also acknowledges that you are responsible for payment if this assignment is not honored.

Patients without Insurance: Our fees cannot always be determined in advance, since they depend on the services rendered. You will be quoted a deposit amount, which must be paid at the time of service. Any charge over the deposit amount will be billed to you and will be due in full within thirty (30) days from the date of your billing statement. Please make payment arrangements in advance with your Account Representative for costly services.

Misc Fees: Our fee for copying medical records and completion of forms such as disability forms, family leave, airline cancellation, etc is \$25.00.

Returned check: There is a \$30.00 service fee for all returned checks.

We are here to help: Please call if you have any questions. Office (8:30am – 5:00pm)

I have read and understand the above policies and I agree to comply with them. I attest that all information given is true and accurate to the best of my knowledge.

Patient Signature: _____ Date: _____

Pleasanton (925) 734-8130

Castro Valley (510) 888-0657
Billing office: 1-866-635-7892

Fremont (510) 794-5320