

**Office Policies & Procedures  
San Francisco Surgical Medical Group**

*By signing below you affirm that you have read and understood the policies as outlined below. You are accepting financial responsibility for all services received.*

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Representative Printed Name (if applicable): \_\_\_\_\_

Legal Representative Signature (if applicable): \_\_\_\_\_

All patients must have proof of insurance. You are responsible to know the requirements of your policy. Your insurance card will have an 800 number listed. Please call them directly. If you have no proof of insurance, you will pay in full at the time service is provided.

**All Payments is expected at the time of visit**

Payment is required at the time services are rendered. This includes applicable co-insurance, co-payments, and deductibles for participating insurance companies. If our office must bill you for a co-payment, you will be charged a \$15.00 administrative fee. This fee cannot be charged to your insurance carrier. We accept cash, personal checks, Visa and MasterCard. A \$35.00 fee will apply on any returned check.

**Outstanding Balance**

Patients with an outstanding balance must make arrangements for payment prior to scheduling appointments.

**Copies of Records**

For copies of medical records, an advance payment of \$25.00 is required. The fee cannot be charged to your insurance carrier.

**Disability Forms**

For completion of all insurance disability forms other than California State Disability forms, an advance payment of \$20.00 is required. This fee cannot be charged to your insurance carrier.

**Billing Questions/Refunds**

If you need any assistance, please call our billing department between 9:00am and 4:30pm, Monday through Friday at (415) 668-0416. Overpayments will be refunded upon written request within 30 days of our office confirmation.

\*Invoices over 30 days will incur a late fee of \$10.00

**Insurance**

We will bill participating insurance companies as a courtesy; however you are responsible for all charges not covered by your medical insurance, including but not limited to: copayments, deductibles, co-insurances and non-covered services.

**Cancellation Policy**

All patients who fail to arrive for their scheduled appointment or who cancel with less than 24 hours notice may be charged a non-refundable administrative fee of \$50. Failure to cancel any surgeries or procedures within 48 hours of your scheduled appointment will result in a \$100 fee. Any patient who cancels and reschedules a procedure two or more times may be charged an administrative fee for each occurrence. These fees cannot be charged to your insurance carrier.

**Assignment of Benefits & Treatment Authorization**

You are financially responsible for any changes not covered by your insurance carrier. It is your responsibility to notify us of any changes in your health care coverage. You are responsible for payment if the submitted claims or any part of them are denied for payment.

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## Notice of Privacy Practices

All of our employees, managers, and physicians are trained to understand and comply with government rules and regulations regarding the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We strive to achieve the highest standard of ethics and integrity in performing services for our patients. It is our policy to determine uses of Personal Health Information in accordance with government rules, laws and regulations.

We are required by law to provide individuals with this notice of our legal responsibilities and privacy practices with respect to Protected Health Information. We are also required to maintain the privacy of, and abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at the number listed below.

Anne O'Donoghue

415-668-0411

aodonoghue@sfsurgery.com

*HIPAA COMPLIANCE OFFICER*

*PHONE*

*EMAIL*

## Notice of Financial Interest

While under our care, you may be advised to undergo certain endoscopic procedures or surgery for screening, diagnosis, management and possible treatment of your symptom or condition. We are in partnership with California Pacific Medical Center at the San Francisco Endoscopy Center and the Presidio Surgery Center, where these procedures can be safely and effectively performed.

California Business and Professions Code Section 654.2 require that we, San Francisco Surgical Medical Group, disclose that we have a financial interest in the named centers. You may choose to have your procedures or surgery at a site in which we do not have a financial interest. If you wish, we can recommend an alternative site.

**Presidio Surgery Center**

*A California Pacific Medical Center Affiliate*

**San Francisco  
Endoscopy Center**

An Affiliate of  
California Pacific Medical Center