

Office Policies & Procedures
San Francisco Surgical Medical Group

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.

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.

Surgery Cancellation Policy

All patients who fail to arrive for their scheduled surgery or who cancels with less than 48 hours notice may be charged a non-refundable administrative fee.

Any patient who cancels and reschedules a procedure two or more times may be charged an administrative fee for each occurrence. This fee 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.

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 (HIPPA). 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.

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

Printed Name: _____ Signature: _____ Date: _____