## **Office Financial Policy**

Thank you for choosing Jose Benejan Lorenzo DC/Nicole Santana Rodriguez DC as your health care provider. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of our Office Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office of any changes to your patient information (i.e., address, name, insurance information, etc.) prior to receiving services.

It is our office policy that payment for services rendered is ultimately the responsibility of the patient, whether you have third-party assistance with your financial obligation or not. All payments for services rendered are expected at the time of service unless one of the following applies:

- Agreed to a preset payment plan. We are happy to extend a payment plan to you so that you can follow through with all the care you require.
- Enrolled in a Discount Medical Plan Organization for services rendered at the clinic such as CHUSA

Personal balances may not exceed \$ 50.00 unless on a pre-arranged payment plan. For your convenience, this office accepts cash, checks, and the following credit cards: Visa, MasterCard, American Express, Discover. Should payment be refused by your bank for any check written, this office will charge a fee of \$25.00 to offset the charges we will incur as a result of the returned check.

As a courtesy to our patients, this office will bill third party payers that we are in network with, accept assignment and wait to be paid for some portion of our patients' financial responsibility. The privilege of insurance assignment begins when our office receives and verifies your insurance information. Until that time, you are considered a "cash" patient and payment is expected at the time of service. As a courtesy to you, our office will verify your insurance coverage, in an effort to help you determine what coverage is available to you under your policy. We will help you make the best estimate of your coverage for the recommended services. This service is a courtesy to you and is not a guarantee of coverage. No one can predict what an insurance company will pay for the usual and customary charges for services rendered. If we participate in your plan, you will not encounter balance billing above the insurance carrier's fee schedule. If we do not participate, we will provide a super bill and provide you with a Good Faith Estimate.

If your insurance has not paid on an assigned bill within 30 days, you will be notified. Since we do not manage your policy, we ask that you stay in communication with our office and take action with your insurance company at that time. If it remains unpaid, within 90 days the balance becomes due and payable immediately. Monthly interest charges will be at 1.5% on all unpaid balances after 30 days.

Should you discontinue care for any reason, other than discharge by the doctor, all balances will become due and payable at that time. If you are on a predetermined payment plan, that plan will continue to be in effect until your balance is zero.