

Center for Fetal Medicine and Women's Ultrasound

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Insurance Information and Financial Policy

Thank you for choosing the Center for Fetal Medicine and Women's Ultrasound for your gynecology and obstetrics care. Our doctors and staff are dedicated to serving your medical needs with the best professional advice, care, and service. Please understand that whether or not you have insurance, payment of your bill is your responsibility. The following is a statement of our **Insurance Information and Financial Policy**.

It is the **patient's responsibility** to obtain insurance authorization for any and all procedures and services for which they are referred, in addition to any services recommended by the consulting physician and accepted by the patient. If, at the time of your visit, the consulting physician recommends additional procedures, we will make every effort to advise you of any additional insurance authorizations required or patient costs in advance. We do not guarantee our provider status for your insurance plan. You are responsible for any non-covered services, not limited to office visits, 3D/4D ultrasound imaging, fetal cardiac ECHO evaluation and Color and Doppler procedures.

The care your doctor believes is **medically necessary** may not be considered to be "medically necessary" under your insurance plan or a covered benefit under your plan. If this is the case, you will be charged for the medical care.

- If there is an office visit co-pay on your policy, **we will collect that at the time of services.**
- If the deductible has been met, **we will collect any co-insurance at the time of services.**
- If the deductible **has not** been met, **we will bill you for the full amount of the visit** minus the applicable allowable fee adjustments if we are an in-network provider under your plan.

When we bill your insurance company, any deductible and co-insurance charges will apply. Any payment you make today will be credited to your account. Once the insurance company makes payment, you will be responsible for any and all remaining balances.

A **deductible** is the amount you must first pay for health benefits before your insurance company will begin to make any payments. A deductible must be paid and renewed each year, often beginning in January.

For example, if your deductible is \$1500, you are required to pay the first \$1500 out-of-pocket for your healthcare visits before your insurance will begin to pay its position of the charges incurred. If the total cost for our services is \$800, you would be responsible for those charges out-of-pocket, leaving \$700 to be paid by you for future visits to any health care provider before your insurance company will make any payments.

Once your deductible has been met, many insurance companies will do not pay 100% of healthcare costs. If that is the case, you would have a **co-insurance**, which is a cost

percentage you will be expected to pay in addition to what the insurance company will pay. This can range from 10 to 50%, depending on your policy.

Private Pay Patient

For patients without insurance coverage or insurance that cannot be verified, payment is due **at the time of service**. **We accept cash, checks, MasterCard, Visa and American Express.**

Insurance Plans

We must have a **current** insurance card to submit a claim to your insurance company. If you do not have a current insurance card, full payment is due at the time of service. It is your responsibility to notify us in a timely manner of any changes in your insurance coverage. Please do not assume that we know if your insurance has changed.

We contract with many of the prominent health plans; however, not all of the physicians in the practice contract with the same health plans. You can contact your insurance company and verify whether a physician in this practice has a contract with your insurance company or you can contact our office at (323) 857-1952. If you arrive to your appointment without appropriate coverage, you will be asked to pay for your visit on the day of your appointment.

We will bill your insurance carried for all coverage services. You are required to pay for all co-payments, deductibles, and co-insurance at the time of your visit. Please be aware that your insurance company may consider some, or perhaps all, of the services provided to be non-covered services and refuse to pay for such services or might determine that such services are subject to a deductible in addition to your co-pay. You will then be responsible for any unpaid balance.

Procedures and Laboratory

If you have a co-pay, it must be paid at each visit and there are no exceptions. We do not waive or reduce co-pays or other patient obligations under any circumstances as it is a violation of our contract. In addition, we charge a \$10 collection fee for all blood draws. You may choose to go to an outside laboratory for your blood draw.

Medical Necessity

Keep in mind that the care your doctor believes is medically necessary may not be considered to be a “medical necessity” under your insurance plan or covered medical benefit under your plan. In some cases, your doctor might decide that you need medical care that is not covered by your insurance policy.

Billing and Collections Policy

If you are billed for services, either because a deductible has not been met, there is a co-payment required, or a service is not covered under your plan payment is due upon receipt and no later than 30 days after the statement date. If you wish to contest a charge on your bill, this should be done within 30 days of receipt of the first bill for that charge. After 30 days, all charges are considered final.

Missed and Late Appointment

If you are unable to keep an appointment, we ask that you kindly provide us with at least 24 hours' notice. A \$50.00 fee may be assessed to your account if you do not show up for your appointment without notice or if we receive a cancellation of less than 24 hours.

If you are late for your appointment, we will make an attempt to accommodate you during the session but cannot guarantee that we will be able to do so and you may be asked to see another practitioner, or you may have to wait, or your appointment may need to be rescheduled for another day. **Please note:** We may not reschedule new patients that miss their initial appointment without notice to the office.

Medical Records

Medical records will be provided to you or a health care provider designated by you in writing upon request. The request will be processed with fifteen (15) working days. The practice may charge 25 cents per page after the first 4 pages.

Additional Fees

We reserve the right to impose additional convenience charges that are not covered by insurance and which you will be advised upon in advance.

We sincerely thank you for taking the time to read and understand our Financial Policy. Please ask our staff if you have any questions or concerns or you can call (323) 857-1952 to speak to an office staff member.