

**IRINA JASPER MD**  
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## **NOTICE OF PATIENT'S FINANCIAL RESPONSIBILITIES**

All professional services provided are charged to the patient or legal guardian unless there is an agreement with a third party payer (health plan, medical group.)

- ▶ Patients are personally responsible for co-payments, co-insurance, deductibles, percentages of charges when required by health plan, and /or all charges incurred if insurance coverage terminates or changes during the course of treatment.
- ▶ Co-payments or other amounts for which the patient is responsible are due at the time of service. A \$5.00 service charge may be added if you are billed for the amounts due at the time of your appointment.
- ▶ If a check is returned by the bank, a fee of \$20.00 is added to patient's account.
- ▶ The patient is expected to know the amount of his or her financial responsibility regarding co-payments and other patient payments. Patients can call the number on the insurance card for this information.
- ▶ If the incorrect co-payment or other patient payments is made, the difference will be indicated on the third party payer Explanation of Benefits. The patient is responsible for any underpayment and this amount will be to his or her account. In the event of an overpayment this amount will be deducted from the patients account or future co-payment(s).
- ▶ Missed appointments and late cancellations. Your physician reserves your appointment only for you. To avoid the missed appointment/late cancellations charge of \$25.00. Notify the office at least 24 hours in advance of your appointment (24 hour notice of cancellation excludes counting of weekend and holidays hours).
- ▶ Reports, letters and forms requested from your physician utilize the time of your physician and office staff. There is a fee for such items and the fees vary depending on the complexity of the request with the minimum charge of \$20.00. **Most health plans do not cover these fees and arrangements for payment of report, letter and forms fee are made at the time of request.**
- ▶ In the event a patient's overdue account must be submitted to a collection agency or legal action should become necessary to collect any unpaid balance, the patient is responsible for collection, and legal costs.
- ▶ If you request copies of your medical records we will charge you a normal photocopy charge of \$30.00 for entire chart.
- ▶ A signed Copy of Financial Responsibilities Agreement is a valid as the original.

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Manager: Patty Gallegos Tel: 626-356-0340