Kids Doc of Southern California Medical Group, Inc.
27800 Medical Center Road, Suite 204
Mission Viejo, CA. 92691
949-682-4750

FINANCIAL POLICY

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy or your responsibility.

PATIENTS WITHOUT INSURANCE
Payment in full is due at the time of service for all office visit charges and/or procedures. We accept cash, or the following credit cards – MasterCard, Visa, and Discover.

INSURANCE***
It is your responsibility to know your insurance plan and to verify coverage. We make every effort to refer you to labs, x-ray facilities that are members of most health plans. However, Kids Doc is on multiple insurance plans for which we are providers, and it is not possible for us to know the details of each of these plans. <u>If you are in doubt as to whether a lab test or x-ray is covered, or if you are unsure as to where it must be performed, please call your customer service department and verify. This office cannot be responsible for out-of-pocket expenses incurred from utilizing the wrong provider, facility or for undergoing non-covered tests or procedures.</u>

- **PPO insurance – we will bill your insurance company. Co-payment and any anticipated deductible are due at the time of your visit. You must have a current insurance card to be presented at every visit to Kids Doc.**
- **HMO insurance – Monarch Healthcare, CHOC Health Alliance and MHAP are the only HMO's we are affiliated with. You must have a current insurance card to be presented at every visit to Kids Doc.**

LAB TESTS AND OTHER CHARGES
If your visit includes lab tests, cultures, you will receive separate billing from the company performing the processing and evaluation of the tests. Kids Doc is not responsible for any difficulties you might have with the outside lab in reference to billing and the processing of your insurance with their facility.
***Insurance is a contract between you and your insurance company. We are a party to this contract in some cases. If we are a party to your insurance contract, we will handle claims according to our contracts wit the insurance company. We will not become involved in disputes between you and your insurance company regarding deductibles, co pays, coinsurance, covered charges, secondary insurances, usual and customary charges other than to supply information as necessary. <u>YOU ARE ULTIMATELY RESPONSIBLE FOR THE TIMELY PAYMENT OF YOUR ACCOUNT.</u>**

I have read and understand the above information.

Patient Name_____
Print Name

Responsible Party's Name and Signature

_____ _____ _____
Printed Name **Signature** **Date**