



CENTER FOR
PELVIC HEALTH AND WELLNESS

FINANCIAL POLICIES

Payments, deductibles, and co-payments are due and will be collected at the time of your visit. Please notify us of any insurance change immediately

We are contracted with Medicare and most PPO insurance plans. We are contracted with three HMO's: 1) Memorial Care Medical Group, 2) Mission Hospital Affiliated Physicians and 3) Mission Heritage. We do not verify benefits nor check eligibility prior to your appointment.

Our staff will assist you to the best of their ability in dealing with your insurance company, but it is your responsibility to know and understand your insurance policy and coverage of your plan before you arrive for your visit.

Filing insurance claims is a courtesy extended to our patients and is not a guarantee of payment. It is important to emphasize that your insurance is a contract between you and the insurance carrier. Insurance plans and contracts are constantly changing.

To avoid insurance or contracting issues, we strongly encourage you to contact your insurance plan **PRIOR** to your visit and verify your benefits, eligibility and verify that the doctor you are seeing is a contracted provider and is in network prior to seeking treatment.

●You will be financially responsible for your services rendered if we do not receive payment from your insurance carrier. _____ (Patient's Initials)

●Drs. Wallace, Kanaly, and Horton are participating physicians with Medicare and accept assignment for all Medicare services. Medicare pays 80% of approved charges and the patient is responsible for 20% after the annual deductible is met. Our staff will bill secondary insurance. If patient is Medi-Medi, we will bill Medicare and the remaining amount will be patient responsibility as the physicians are not contracted with Medi-Cal. _____ (Patient's Initials)

●Drs. Wallace, Kanaly, and Horton are **NOT** participating physicians in Medi-Cal, Cal-Optima, and the Affordable Care Act plans, therefore we do not accept those insurances. If you do not have insurance or your insurance company does not pay for services rendered, it is the patient's responsibility to pay in full. This also applies to patients requesting services and who have out-of-network coverage. _____ (Patient's Initials)

●All services rendered by Drs. Wallace, Kanaly, and Horton that are not a covered benefit of your insurance are your responsibility to pay. Any patient that is see or treated without proper authorization from their insurance carrier is responsible for full charge of the services rendered if no payment is authorized retrospectively. All monies owed by the patient (ie: co-payments, deductibles, required "out of pocket" amounts, non-covered services and co-insurance amounts) are due at the time of services rendered. _____ (Patient's Initials)



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●If your account is placed with a collection agency, due to non-payment, you will be financially responsible for any additional charges, including monthly interest and penalty fees, collection agency fees, attorney fees, court fees, and any other associated fees in collecting the balance due. _____ (Patient's Initials)

●All Virtual or Telehealth visits, telephone, or video, are billable to insurance under the same guidelines as any office visit. _____ (Patient's Initials)

●While we understand there may be times when our patients need to cancel their appointments, we have found it necessary to implement a "Cancellation and No-Show Policy." Any patient who fails to arrive for a scheduled appointment without canceling at least 24 hours prior to the scheduled appointment is considered a "No-Show." A "No-Show" patient schedule for an office visit may be charged \$40.00. A "No-Show" patient scheduled for a procedure may be charged \$100.00. No-Show charges are not billable to insurance. _____ (Patient's Initials)

We are willing to work with any patient requesting a financial payment plan. There will be a \$45 charge for each check that is returned of insufficient funds.

REFUND POLICY FOR SERVICES AND PRODUCTS

There are no refunds for healthcare and aesthetic services provided by our medical staff.

This includes office visits, consultations, virtual consults, procedures such as ThermiVA, ThermiSmooth, Emsella, PTNS, Hormone Pellet Insertions, Nutritional Services and Products such as Clearmax, BioTe CORE Vitamins, Intimacy Products and V-Fit.

Unopened supplements may be returned within 30 days for credit. If you have questions about your results from taking supplements, please discuss with your provider. Any allergic reactions to supplements should be reported to your provider, unfortunately those supplements are non-refundable.

Name: _____ Date: _____

Signature: _____ Relationship if Minor _____