



# FINANCIAL POLICIES

## Release of Information, Assignment of Benefits, Payment Agreement

Optimal patient care and service requires that you regard our financial policies as an essential part of your care and treatment. If you have any questions or concerns, please bring this to our attention prior to scheduling and/or undergoing surgery.

- An insurance policy is a contract between the patient and their insurance company. We file insurance claims for our patients as a courtesy as long as the medical and surgical benefits are assigned to us. If your insurance company does not pay us within a reasonable time period, we will look to the patient for the payment of the outstanding balance. Patients may thereafter seek reimbursement from their insurance company.
- Patients are required to update our office on any and all insurance changes. All HMO, Managed Medi-cal, and Narrow Network/EPO plans require prior-authorization for services rendered. In the event the office is not notified of any insurance changes, patients may be responsible for any denied charges.
- For some insurance companies, we have made prior arrangements to accept assignment of benefits. We will bill those plans and will only require patients to pay their copayment, deductible, and co-insurance if applicable, at the time of service. After the insurance company processes our claims, remaining balances assigned to you, will be sent as a bill. If you have a question about your bill please contact our office to discuss.
- Surgery: depending on your benefits, we may ask for a deposit prior to your scheduled procedure.
- Please note that not all health plans are the same, and therefore different benefits and coverage are offered to each patient individually. We will do our best to determine what services are covered by your insurance.
- For failure to pay for medical and surgical services rendered, patients may be discharged from MoZaic Care until the balance is paid in full. Furthermore, patients may be referred to a collection agency for their remaining balance, in which case, collection agency fees and other incurred expenses related to the process of collections, will be added on to the total balance due.

### OTHER FEES

- Checks: Returned checks will incur a \$25.00 processing fee.
- Notarized documents: Physician declaration letters or other documents requiring notarization will incur the cost of the services rendered by a notary public.
- Unplanned medical/surgical care: On occasion, the need for further medical care outside the proposed surgery may incur additional costs, including but not limited to emergency room visits, hospital admissions, diagnostic tests, urgent surgeries, and other medical/surgical treatments. Although some health care plans will cover these events, others do not. It is therefore advisable, especially for international or out of state patients, to purchase emergency medical coverage.

### PATIENT SIGNATURE

- I authorize the release of information necessary for treatment, payment, and health care operations.
- I authorize assignment of benefits for services rendered by MoZaic Care, Inc.
- I authorize my health care plan to issue payment to MoZaic Care, Inc. for services rendered.
- I understand that I am responsible for fees not covered by my health care plan, including but not limited to co-pays, deductibles, co-insurance and other fees.
- I have read and understand MoZaic Care, Inc's. financial policies and agree to honor them.

**By signing below, you agree to abide by the policies outlined above.**

Patient Name: ..... Patient Signature: ..... Date: .....

Witness Name: ..... Witness Signature: ..... Date: .....