

BRAD A. WOLFSON M.D. - FINANCIAL POLICY

We would like to take this opportunity to thank you for trusting us with your healthcare needs. We want to inform you of any financial responsibility that you may incur for services rendered to you by our office. In order to establish optimal relations with our patients and avoid any misunderstandings regarding our payment policies, our staff is trained to consistently inform you of any portions that may be due on your part.

Payment is required for all services rendered at the time of service unless you are in a plan that does not require deductibles, copays or co-insurance portions due by the patient. For these plans, applicable co-payments and deductibles or co-insurance will be collected at time of service. We accept payment in the form of cash, check or credit card. We accept all major credit cards and do not charge any additional fees for using them in our office. In the event of hospitalization, surgery or major procedures we may request a deposit for your anticipated or contracted responsibility in advance of the procedure or care provided. All claims will be filed immediately with your insurance plans as care is rendered.

We are currently contracted with the following PPO-POS commercial carriers: Blue Cross, Blue Shield, Aetna PPO, United Healthcare PPO, Healthnet PPO and all MultiPlan network carriers. We accept some Medicare Advantage PPO plans but please verify we are in network at the time of service.

For Covered California plans we are contracted with Blue Shield PPO but NOT Blue Cross of CA under the Individual Marketplace Covered CA. Plans.

For HMO patients with prior authorization we are contracted with: Oasis Medical Group and contracted HMO plans under their umbrella – Scan, AARP Medicare Complete, Healthnet HMO, Blue Cross HMO, Blue Shield HMO, Humana HMO, IEHP HMO, Intervalley HMO, Golden State HMO, Wellcare HMO, Aetna HMO and Alignment HMO. ALL SERVICES MUST BE AUTHORIZED BY OASIS IN ADVANCE.

We accept EXCLUSIVE CARE and KAISER – COACHELLA VALLEY patients with prior authorization from their PCP with all copays, deductibles and co-insurance due at the time of services.

We accept MEDICARE as a participating provider. Medicare will pay 80% of the allowable charges and you may be responsible for the remaining 20% co Insurance, if not covered by any secondary insurance coverage or supplemental plans. You may also be responsible for the PART B annual Medicare deductible which is usually collected and accumulated at the start of each new year.

Note we will bill all eligible insurance plans as provided by the patient at the time of services. We will send statements that are due and payable upon receipt if there are any outstanding balances.

I have read this financial policy and understand I may have financial responsibility for some part of my services if not covered by my plan as part of the allowable charges. If my plan is non contract or out of network I may be billed in full for all services rendered.

SIGNATURE: _____ DATE: _____