



Tumesh for Optimal Health
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Financial Policy

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it carefully, ask us any questions you may have, and sign in the Registration Form provided on line or at the time of service. A copy of this Policy will be provided to you upon request or you may copy it from our web site.

- 1. Insurance.** We only participate in some PPO Insurance Plans. If you are not insured by a plan we do business with, we will offer you a discount and payment will be expected at the time of visit. If you are insured by a plan we do business with, payment is expected upon invoicing. Knowing your insurance benefits is your responsibility. Either is office visit, physical or diagnostic testing's. Please contact your insurance company with any questions you may have regarding your coverage. We are not responsible for bills that are sent to you from diagnostics facility.
- 2. Co-payments.** All copayments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments from patients can be considered fraud. Please help us in upholding the law by paying your co-payments at each visit. We accept cash, personal checks. There will be a **\$25 charge for all returned checks.**
- 3. Non-covered services.** Please be aware that some – and perhaps all – of the services you receive may be non covered or not considered reasonable or necessary by your insurer. You must pay for these services in full upon invoicing.
- 4. Claims and submission.** Your insurance benefit is a contract between you and your insurance company; we are not party to that contract. Most medical offices require you to pay the balance of each medical claim in full. For your convenience, we will only invoice you the amount your insurance carrier determines as your responsibility.
- 5. Coverage changes.** If your insurance changes, please notify us before your next visit so we can make appropriate and timely changes to help you to receive maximum benefits.
- 6. Nonpayment.** If your account is over 30 days past due, you will receive a letter stating that you have 10 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30 day period we will only be able to treat you on an emergency basis.
- 7. Missed appointments.** You will be charged **\$50 for missed appointments** not cancelled within at least 24 hours in advance. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your scheduled appointment.
- 8. Form Completion.** You may need us to fill out forms with your health information to present to third parties. This can relate to life/health/disability insurance, camp enrollment, school participation, adoption and other placement agencies, DMV issues, prescription assistance program, Family and Medical Leave act, or any certificates of current medical status, etc. There is a flat rate fee at **\$25.00 per page** for completion of any form. It should be paid at the time of registration. Expected time frame for form completions is 48-72 working hours from the time of registration. Extra **\$45.00** is applied for the rush/urgent completion of the forms. Any form completed at our office needs to be registered at the front desk. Failing to register the form will delay its completion.

Our practice is committed to providing high quality care to our patients. Our fees are representative of the usual and customary charges for our area.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

