

FINANCIAL POLICY

We require all patients to pay at time of service. You will be charged for every visit for any outstanding deductible, co-insurance or co-pay due, as well as any fees for services not covered by your insurance plan.

Your Plan	What You Do	What We Do
Medicare	Pay your deductible and co-insurance (20% of the allowable.) If you request any services that Medicare does not cover, you agree in writing to pay our regular fee for those services. A credit card will need to be left on file for co-insurance and deductible.	We will file Medicare for you.
Medicare + Secondary Insurance	No payment due at time of service.	We will file Medicare and your secondary insurance for you.
Medicare + Medicaid	No payment due at time of service.	We will file Medicare for you.
HMOs (PrimeCare, IEHP, Molina)	Pay your co-pay at the time of service.	We will file your insurance for you.
PPOs we are contracted with	Pay any co-pays, deductible, co-insurance at the time of visit. If we are unable to calculate payment, credit card on file will be charged at a later time when that information becomes available.	We will file your insurance for you.
Insurance we are not contracted with	Pay the visit in full at time of service.	We will provide you with an itemized receipt.
POS	Will be treated as HMO or PPO above, depending on which benefits you choose to use at the time of service.	We will file your insurance for you.
Health Savings Account (HSA)	Your HSA credit/debit card must be on file.	We will file your insurance and if the amount due is not paid via your HSA, we will charge your HSA credit/debit card on file.

Additional Charges:

- No Show \$25
- Completion of Forms \$25
- Returned Check \$25

FINANCIAL POLICY CONTINUED

AGREEMENT TO PAYMENT POLICY

I acknowledge that I received a copy of Citrus Valley's financial policy and agree to the terms of payment due.

AUTHORIZATION TO RELEASE INFORMATION

I authorize release of my medical record information, pursuant to applicable federal and state laws, rules and regulations, to third party payers and other providers participating in my care, that agree to treat my information in a confidential manner in accordance with all applicable federal, state, and local laws. I further authorize any other individual or entity that has provided health care to me to release to Citrus Valley any and all of my medical record information, whether in printed or electronic form, needed to provide me with informed care. I may revoke my consent for the release of this information at any time, except to the extent that action has been taken in reliance on the consent.

ASSIGNMENT OF BENEFITS

I hereby request that payment of authorized Medicare, Medicaid and all other insurance benefits be made on my behalf to Citrus Valley for any services provided to me and/or my dependents. I authorize any holder of medical information about me and/or my dependents to release to the appropriate entity and its agents any information needed to determine these benefits payable for related services.

GUARANTEE OF PAYMENT

If my insurance has a contract with Citrus Valley, I am not responsible for amounts they have agreed to write-off. If my insurance does not have a contract with Citrus Valley, I agree to be responsible for any amounts not paid by my insurance plan. In the event that I default on payment of my account, I understand I am responsible for any and all costs incurred on the collection of my account, including court costs and reasonable attorney's fee. If the debt is assigned to a third party collection agency, I agree to be responsible for collection fees and interest due to amounts in default.

WRITTEN ACKNOWLEDGEMENT OF PRIVACY PRACTICES

I hereby acknowledge that I have received and had an opportunity to ask questions concerning the Notice of Privacy Practice of Citrus Valley.

Patient's Name Printed

Patient's Date of Birth

Patient's Signature

Date

Responsible Party Signature

Relationship to Patient