Advanced Vein Center Inc
431 S. Batavia St, Ste 101
Orange, CA 92868
Tel. 714-363-3300 Fax. 714.363-3847

FINANCIAL AGREEMENT

Dear Patient:

Thank you for allowing us to be a part of your healthcare. The following is our Financial Policy, which will help you with your concerns regarding our billing and payment procedures.

Self Pay/Cash/Not using Health Insurance

Payment for services is due at the time services are rendered. We accept cash, debit cards, MasterCard, Visa and checks. For checks over $400, please obtain prior clearance from our office. After your consultation, any scheduled treatments or surgical procedures must be paid for prior to service.

Health Insurance

If we are contracted provider with your insurance company, we will submit an insurance claim on your behalf. If your carrier is not contracted with our practice, we will provide you with a statement you can submit to your insurance company but payment will be due at the time of your consultation and prior to any treatments that maybe scheduled later. Please note that we do not bill secondary insurance but will give you the appropriate information to do this on your own.

You are responsible for knowing your insurance benefits and personal financial responsibilities. What are covered services in your plan? Does your insurance require a Primary Care Physician (PCP) referral? Patients are responsible for deductible balances, coinsurance and non-covered amounts. Specifically, you are responsible for the following charges at the time of service:

- Co-pay for standard office visits
- If your annual deductible has not been met, we will assume that your charges will be applied toward such deductible.
- For procedures and treatments, your percentage of the allowable amounts.

Any billed balances are due within 30 days of the statement date. In the event of an overpayment, a refund will be mailed to you.

Remember that insurance authorizations/referrals for services do NOT guarantee payment. If your insurance does not pay in full within 45 days, we ask that you contact them as charges will then be transferred to you. We require you to pay the balance due even though your insurance carrier may eventually process your claim. A refund will then be mailed to you. Interest on past due balances will accrue at a rate of 1.5% monthly. There will be a $25.00 fee for all returned check items. Should your account become delinquent and be referred to a collection agency, you shall be financially responsible for the costs of collection and/or legal fees. Collection costs are calculated by adding the principle and the greater of $25, or an amount 35% in excess of the balance owed.

Please have insurance cards and a photo ID available for photocopying. Any change of insurance, address, phone number or emergency contact should be reported immediately.

****Late Cancellation/No Show Fee Policy****

Each time a patient misses an appointment without providing proper notice, another patient is prevented from receiving care. We reserve the right to charge for these occurrences. You must give 48 hour advanced notice to cancel appointments. Failure to do so will result in a $50 fee charged to your account.

****** Notice to Consumers: Medical doctors are licensed and regulated by the Medical Board of California which could be reached at 800.633.2322 and www.mbc.ca.gov ******

I request that payment of authorized Medicare/or any third party benefits be made to the Physician's on my behalf for any services rendered to me. I authorized any holder of medical information about me, to be released to the Center for Medicare/Medicaid Services and its agents or any third party payer, any information to determine these benefits or the benefits payable for related services.

I authorize Dr. Hoyle and his associates to appeal claims and to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

A photocopy of this Assignment shall be considered as effective and valid as the original.

Name of Patient/Policyholder _____ Signature of Patient/Policyholder _____ Date _____

Insurance and ID Number _____