



Eric G. Levy Medical Corporation

Family Medicine

Phone (805) 922-2119 Fax (805) 349-8283

Office/Financial Policies

We are thankful you have chosen us as your medical home. Please read this document and fill out the forms completely and then sign your agreement. We will ask you to do so each year so we can be as up to date as possible. Of course, if there are any changes throughout the year, we ask you to inform us as those changes occur, so your medical chart is always up to date.

Care Coordination Fee \$75.00 annual office fee (CCF):

Each calendar year, our office charges an annual fee for our care coordination fee. This modest fee helps cover the expenses incurred by the office that are not reimbursed by insurance carriers. Insurance does not cover and/or reimburse this annual fee. The front desk receptionist can provide you with details pertaining to this fee.

Insurance: Our Office contracts with many insurance companies and plans. Your insurance company provides you with proof of insurance. It is your responsibility to make sure that we are an "in network provider" for your insurance. We can only offer guidance on the plans we take. If you are not eligible for your insurance or if your declared PCP is not Dr. Levy (for HMO's and EPO's), your account will be considered a cash account with full payment due at the time of service.

If we are contracted as a preferred provider with your health plan, we will bill your insurance company directly. If we are not a contracted provider with your insurance company, we expect full payment at the time of service. We will be happy to provide you with the information you need to bill your insurance for any eligible reimbursement.

Your individual insurance plan is an agreement between you and your insurance company. It is necessary for you to know the specific details of your own plan. It is especially important for you to notify us if there are restrictions regarding referrals for services to outside facilities or providers or specific coverage you have or don't have. We try our best, but we do not know all the details of specific insurance plans. We can provide codes for procedures and diagnosis that you can utilize when calling your insurance for coverage.

Vocabulary

Co-Pays: Set amount you are asked to pay per visit regardless of the service received.

Co-Insurance: A portion of the visit you may need to pay - usually a % of total allowable charge.

Deductible: An annual set amount the patient is responsible to pay before your coverage begins.

Patient Balance: As required by your insurance company, your co-pay is due at the time of your visit. We do not send an invoice for co-pays. For your convenience, we accept cash, check or credit cards (Visa and Mastercard). Patient balances over 60 days past due from your time of service will be sent to *collections* if arrangements are not made with our billing department.

Returned Checks: There is a fee of **\$30** for a returned check.

"No-Show" for an appointment: In a small office setting, it is necessary that Dr. Levy keep his schedule full. "No-Show" appointments or appointments cancelled less than 24 hours in advance, may be subject to a "No-Show" fee. If we are unable to schedule another patient during your slot, you will be charged **\$100**.

All Third-Party Billing/Motor Vehicle Accidents: We do not bill your insurance company for third-party billing situations (this is typically when a claim will be filed). There is a **\$275** charge for all motor vehicle accident appointments; we can provide you with the required chart notes and billing documents to file your claim.

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