

BECKER PEDIATRICS

MEDICAL OFFICE :
BECKER PEDIATRICS
Ronald P. Becker M.D.
24679 MONROE Av. Ste D 102-103
Murrieta CA. 92562
Ph # (951) 600-2681 Fax # (951) 600-0131

BILLING OFFICE:
MED BILLING CO
Ph . # (626) 446-7223
Fax # (626) 446-0705

STATEMENT OF FINANCIAL POLICIES

It is the intent of BECKER PEDIATRICS to provide the best quality medical care in a cost effective manner. Therefore the following notice is necessary to ensure that all financially responsible parties are informed of the financial policies of Becker Pediatrics.

A patient account representative is available to help with questions concerning billing and statements. They may be reached Monday through Friday from 9:00 am to 4:30 pm by calling (626) 446-7223.

GENERAL PAYMENT POLICIES

- Full payment or verifiable Insurance information is due at time of service.
- Patients are required to present a current Insurance card and picture ID at every visit; without a verifiable Insurance card you will be required to pay at time of service.
- All Co-Payments and Co-Insurance are due at time of service.
- If Deductible applies to visit, it is our policy to collect full amount at time of service.
- CASH Pay Patients Must pay in Full at time of service.
- No secondary Insurance will be billed for Co-Payment/Co-Ins & or Deductibles.
- **A \$10.00 CHARGE WILL BE ADDED TO ANY STATEMENT SENT TO COLLECT CO-PAYMENTS.**
- **THERE WILL BE A \$25.00 CHARGE FOR ALL RETURNED CHECKS.**
- It is our policy to charge \$5.00 for any forms signed by the Doctor. Fee's are due at time of service.

Payment of bills is expected upon receipt of our statement. Accounts become past due after thirty (30) days unless alternative arrangements have been previously made through the billing office.

Patients with poor credit history with BECKER PEDIATRICS must pay for their services on the date of service. Further credit may not be extended to patients until their account is current. Well Child Care visits will not be provided to patients until all outstanding balances have been paid in full. Delinquent accounts are subject to collection at any time including time of service.

INSURANCE BILLING INFORMATION

Your Insurance policy is a contract between you and your Insurance Company. If your Insurance Company has not paid your account in full within sixty (60) days the balance may be automatically transferred to your responsibility for payment upon receipt of statement. It is the patient's responsibility to provide current Insurance information to the practice.

USUAL CUSTOMARY RATES

BECKER PEDIATRICS is committed to providing the best treatment for our patients, and we charge what is usual and customary for our area. You are responsible for payment regardless of any Insurance Company's arbitrary determination of usual and customary rates.

Signature: _____ Printed Name: _____ Date: _____

Patients Name: _____ DOB: _____