ROSEVILLE ENDOCRINOLOGY

508 Gibson Drive, #270, Roseville, CA 95678

Phone: 916-786-6727 | Fax: 916-786-6748

PATIENT FINANCIAL POLICY

Our practice is committed to providing you with the best possible medical care. Please review the following information regarding patient responsibility for the payment of services provided.

Before your appointment, please review your insurance information regarding its policies on referrals, co-payments and deductibles that may be required. Office appointments are to be paid for at the time services are provided. This includes co-payments, co-insurance, deductibles and any outstanding balances. If our practice participates with your insurance plan, we will bill your insurance company for services provided. If your insurance company requires a referral to our practice from your primary care provider, please ensure this referral is sent to our office so that your appointment will be paid for. Our office will be happy to assist you in obtaining this referral.

Please bring your insurance card with you and present your card for verification at each appointment. Please note that any questions or complaints regarding your insurance coverage should be directed to your insurance company. If your insurance company happens to deny or does not respond to a claim that our practice has submitted for services to you, you may be liable for the expenses. If our practice does not participate with your insurance company or you do not have medical insurance, you will be required to pay the full cost of the office visit and any procedures or tests performed.

Payment for services can be made by cash, check or credit card including Discover, Mastercard and Visa. **Patient or responsible party will be charged $25 for any returned check.**

CANCELLATION POLICY:

If you cancel or reschedule your visit without two business days notice, the cancellation fee is $35.

I have read and understood the terms and conditions in this financial policy and agree to abide by them.

Patient Name: _____

Patient Signature: _____

Date: _____