



FINANCIAL POLICIES

- I certify that the insurance information is correct and true, and that I am eligible for health plan coverage and benefits. I understand that if the information is NOT true or if I am NOT eligible under the terms of my Medical and Hospital Subscriber Health Insurance Agreement. I am liable for all charges for services rendered. Also, if the information is NOT true, I agree to pay in full all services received within thirty (30) days of receiving a bill from MONTEREY OB/GYN MEDICAL GROUP, INC.
- Not all services may be covered under your particular insurance plan. Since your insurance company and coverage plan were your choice, all services not covered are your responsibility. Payments for rendered services, unpaid deductibles, and co-payments are due at time of service.
- There is a \$ 50.00 fee for repetitive No-Show or Late-Cancellation appointments. A 24 hour notice is required to avoid charges.
- There is a \$ 25.00 charge for each check returned to us for non-sufficient funds.
- I directly assign all medical and or surgical benefits to MONTEREY OB/GYN MEDICAL GROUP, INC. and understand that I am personally financially responsible for all charges whether or not paid by my insurance. I hereby authorize MONTEREY OB/GYN MEDICAL GROUP, INC. to release all information necessary to secure payments of benefits. I agree that a photocopy of this agreement be as valid as the original.
- PLEASE BE ADVISED THAT YOU MAY RECEIVE SEPARATE BILLS FROM OTHER ORGANIZATIONS FOR ANY LAB TESTS, PAP SMEARS, CULTURES, BIOPSIES, AND RADIOLOGY PROCEDURES, AS THEY ARE PERFORMED BY AN OUTSIDE PROVIDER.

PATIENT POLICIES

- Prescriptions will only be re-filled during business hours, 9:00 am. To 5:00 pm.
- I understand that if I have any substance abuse problem and do not inform the Doctor, my prenatal care will be discontinued. I am aware that random drug screens will be done throughout my pregnancy. Positive results may result in termination of my care with the doctor.
- We understand that it may be an inconvenience for a few of our patients but, in consideration to all of our patients waiting in our reception area, we ask that you do not bring children with you to your appointment. You may be asked to reschedule if you insist on bringing your children.
- Due to the high volume of forms we are asked to complete. There is a \$30.00 charge for each form (disability, camp, school, etc.) W.I.C. forms are \$2.00 each.

Patient / Guardian Name & Signature

Date