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# Financial Policy

(Document 2450)

Thank you for choosing our practice! We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care.

For your convenience, we have answered a variety of commonly-asked financial policy questions below. If you need further information about any of these policies, please ask to speak with a Billing Specialist or the Practice Manager.

## How May I Pay?

We accept payment by cash, check, VISA, MasterCard, and American Express

## Do I Need A Referral?

If you have an HMO plan with which we are contracted, you need a referral authorization from your primary care physician. If we have not received an authorization prior to your arrival at the office, we have a telephone available for you to call your primary care physician to obtain it. If you are unable to obtain the referral at that time, you may need to be rescheduled.

## Which Plans Do You Contract With?

We are contracted with most major Health Plans. We accept all plans, whether in or out of network. You are responsible for the out of network difference. You are also responsible to understand your plan and determine if we are in our out of your network.

## What Is My Financial Responsibility for Services?

Your financial responsibility depends on a variety of factors, explained below.

### Office Visits and Office Services

(This is a guide only and does not guarantee your plan is as follows)

If You Have...	You Are Responsible For...	Our Staff Will...
<b>Commercial Insurance</b> Also known as indemnity, "regular" insurance, or "80%/20% coverage."	Payment of the patient responsibility for all office visits, procedures, and other charges at the time of office visit.	File an insurance claim on your behalf.
<b>HMO &amp; PPO</b> plans with which we have a contract	If the services you receive are covered by the plan: All applicable co pays and deductibles are requested at the time of the office visit.  If the services you receive are not covered by the plan: Payment in full is requested at the time of the visit.	File an insurance claim on your behalf.

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**Office Visits and Office Services (cont.)**

(This is a guide only and does not guarantee your plan is as follows)

<b>If You Have...</b>	<b>You Are Responsible For...</b>	<b>Our Staff Will...</b>
<b>Point of Service Plan or Out Of Network PPO</b>	Payment of the patient responsibility—deductible, co pay, non-covered services—at the time of the visit.	File an insurance claim on your behalf. Medicare
<b>Medicare</b>	<p>If you have Regular Medicare, and have not met your deductible, we ask that it be paid at the time of service.</p> <p>Any services not covered by Medicare are requested at the time of the visit.</p> <p>If you have Regular Medicare as primary, and also have secondary insurance or Medi-gap: No payment is necessary at the time of the visit.</p> <p>If you have Regular Medicare as primary, but no secondary insurance: Payment of your 20% co pay is requested at the time of the visit.</p>	File an insurance claim on your behalf.
<b>Medicare HMO</b>	All applicable co pays and deductibles at the time of the office visit.	File the claim on your behalf, as well as any claims to your secondary insurance.
<b>No Insurance</b>	Payment in full at the time of the visit.	Work with you to settle your account. Please ask to speak with our staff if you need assistance.

**Non Covered Services**

All fees such as: No Show, Late Cancellations, Administration fees related to collections process. Minimum fee of \$25.00 as posted Co-pays and Balances.

All patient Co-pays and balances are due upon services. Co-pays will NOT be billed! If Co-pay is not paid appointment may be rescheduled.

**Forms**

Form fees are posted and collected at the time of form request. Forms will not be completed until payment is received.

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**Surgical Procedures**

If your physician recommends surgery, you will be scheduled for this procedure, and the medical assistant may discuss with you the paperwork involved as well as any pre-authorization if your insurance company requires it.

**Fees for No Show Visits or Late Cancellations**

Cancellation of office visit less than 24 hours prior to the appointment	\$25.00
Cancellation of a surgical procedure less than 24 hours prior to the appointment	\$75.00
Administrative Fee (for past due account over 90 days sent to Collection)	\$25.00
No Show for scheduled office visit	\$50.00
No Show for a scheduled surgical procedure	\$100.00

**Fees for No Show Elective Procedures or Late Cancellations**

Administrative fees for no show or same day cancellations will apply depending on the elective procedure. You will be asked to sign a consent form at the time you schedule your elective procedure.

**What if My Child Needs to See the Physician?**

A parent or legal guardian must accompany patients who are minors on the patient's first visit. This accompanying adult is responsible for payment of the account, according to the policy outlined on the previous pages.