

PAYMENT POLICY: (REQUIRED FOR REGISTRATION)

It is the responsibility of the patient to maintain and verify eligibility with all state funded or private insurance companies. HMO and PPO patients will be held financially responsible for all charges which are not authorized, not a covered benefit, or determined to be not medically necessary or experimental. It is the responsibility of the patient to appeal these charges with the insurance company.

Balances are due within 30 days. San Mateo Spine Center will bill the insurance company first. If you owe a balance, our billing department will send you a statement. When you receive our statement, you can send us a check or call our billing office and request for your outstanding balance to be charged to your credit card. If you do not pay your outstanding balance within 30 days, we will automatically charge your credit card for the balance due.

A late fee of ten dollars (\$10.00) per month will be assessed on any outstanding balance exceeding 30 days. **\$200.00 fee will be charged for missed appointments not cancelled within (24) twenty-four hours prior to the scheduled appointment.**

I authorize San Mateo Spine Center to process credit card payment for any outstanding balances exceeding 30 days. Self pay accounts are due at time of service.

Please circle the type of card: Visa or MasterCard. (We **DO NOT** accept Discover or American Express)

Credit Card Account Number: _____

Expiration Date: _____ 3 or 4-digit security code on back of card: _____

Name on Credit Card: _____

Zip Code for Billing Address: _____

Patient name: _____ Signature: _____ Date: _____

In compliance with State and Federal law, physicians are required to check identifications. Please be ready to present your state issued driver's license or photo ID card along with your valid insurance card at the time of patient registration/check-in.

ALL OF THE ABOVE INFORMATION IS REQUIRED AND MUST BE COMPLETE IN ORDER FOR THE DOCTOR TO SEE YOU