

LAUREN CIEL SWERDLOFF MD INCORPORATED

1821 WILSHIRE BLVD. SUITE # 220
SANTA MONICA, CA 90403
(310) 829-5189
FAX: (310) 829-5942

BASIC FINANCIAL POLICY

Payment is to be made at the time services are rendered. This reduces our overhead expenses and helps keep our fees as low as possible. You will be given a Superbill at the time of services that you may send to your insurance carrier for reimbursement.

MEDICARE/INSURANCE AGREEMENT

Medicare/Your Insurance will only pay for services that it determines to be reasonable and necessary under section 1362(a) (1). You agree that you have been notified that Medicare/Your Insurance Company may deny payment for services we render and if Medicare/Your Insurance Company, denies payment, you will be personally and fully responsible for payment.

MEDI-CAL

We are Medi-Cal providers and you may not receive any services that are not considered covered benefits under your Medi-Cal plan from this office.

INSURANCE ASSIGNMENT

We are currently preferred providers for Blue Cross, Blue Shield, Aetna, Cigna, Medicare, and Medical and bill according to our contracts with them for you. We are NOT preferred providers for any insurance companies other than Blue Cross, Blue Shield, Aetna, Cigna, Medicare, and Medical. For any other insurance or for services not covered by those covered insurances, our office will bill your insurance company as a courtesy for a small fee of 7%. You agree that any checks that have been sent to you by your insurance company for services you have not paid for in full must be endorsed and forwarded immediately to our office. Insurance payment should be made within 60 days by your insurance company. If your insurance carrier does not submit payment within the stated time period, or if you do not forward the payment from the insurance company to our office within 90 days of the date of service you will be responsible for the balance in full immediately. Your insurance company may not always pay their percentage of our bill and you will be responsible to pay for any outstanding balances.

OUT OF NETWORK LABS

Excel Medical Billing can assist you in receiving direct reimbursement from your insurance company. For each lab date of service you will need to forward: the Superbill; a legible copy of your insurance card; a signed authorization, allowing Excel to release information required to process your claim and a personal check for \$25.00 made payable to Excel Medical Billing. Excel will then send a claim for your lab directly to your insurance company.

MISSED APPOINTMENT POLICY

If you miss a scheduled appointment, or fail to give at least 24 yours notice when canceling your appointment, you will be charged in full for that visit.

FINANCIAL RESPONSIBILITY

There is a \$20.00 charge on all returned checks. There is a 7% fee/charge for direct billing of your insurance company. There is a 2% (up to a maximum 10% per annum) late charge on all

balances outstanding at the time of the billing date. You are responsible for all financial obligations incurred, and you agree to pay for services at the time they are rendered unless other arrangements have been made.

Printed Patient Name	Patient signature	Date
Printed Patient's Legal representative	Signature	Date