



HOLLYWOOD

~ WEST HOLLYWOOD

LOS ANGELES SPECIAL CARE MEDICAL ASSOCIATESOFFICES OF MICHAEL SAMPSON, MD & AFFILIATED PHYSICIANS
(PH) 323-953-2956 ~ (FX) 323-913-2588 ~ (WEB) www.LASCMA.com**CLIENT FINANCIAL POLICY** REVISED VER4, 06/01/2004

THIS DOCUMENT SERVES AS A GUIDE TO HELP CLARIFY YOUR ROLE & RESPONSIBILITY BOTH AS A HEALTH CARE CONSUMER & ACTIVE CLIENT OF LASCMA. THE ITEMS LISTED BELOW ARE NOT MEANT IN ANY WAY TO SERVE AS PENALTIES. RATHER, THEY ARE NECESSARY RESPONSES TO RISING, SERRUPTIOUS COSTS PREVIOUSLY INCURRED ON THE PRACTICE AS A RESULT OF CHANGES IN HEALTH INSURANCE REIMBURSEMENT POLICIES. ONGOING REVISIONS TO THIS DOCUMENT REFLECT OUR SINCERE ATTEMPT TO OTHERWISE PREVENT A DECLINE IN THE QUALITY OF CARE AND SERVICES OFFERED TO OUR SELECTIVE AND VERY LOYAL CLIENT BASE HAVE BECOME ACCUSTOMED TO RECEIVING. THANK YOU FOR CHOOSING US FOR YOUR MEDICAL CARE. WELCOME TO THE LASCMA FAMILY!

1/ **ASSIGNMENT OF BENEFITS:** As Dr. Sampson & LASCMA affiliated physicians are contracted providers with various Preferred Provider Organizations (PPO's), we will file the necessary forms for you and accept payment directly from your health plan. Your signature under "assignment of insurance benefits," allows us to directly bill for services rendered on your behalf.

2/ **CO-PAYMENTS:** The portion of healthcare costs of which you are financially responsible is expected to be paid in full at the time of service. As required by your plan, we will collect all co-payments & submit all health insurance forms to your carrier for you. Similarly, clients with HMO plans must provide required co-pays & have pre-authorization (if referred by their primary provider) at the scheduled visit. Instructions on making on-line payments for office visit co-pays can be found at www.securepay.lascma.com.

3/ **PAYMENT OPTIONS AND PLANS:** We accept cash, personal checks as well as credit cards (Visa / MasterCard / Discover) both at the office & directly on-line, through an industry standard, SSL encrypted server linked to our website. There is no minimum charge restriction for credit card payments. However, \$1.50 convenience fee per card swipe or on-line entry does apply.

We also offer two types of payment plans. The first plan automatically bills a set amount from your credit card at monthly or bi-monthly intervals. You specify the amount, time-period, and limit charged until the balance is paid off. The second plan is especially useful when the amount of a client's annual, un-met deductible/co-pay cannot be confirmed at the time of service. This plan allows us to automatically bill your credit card for the un-met balance once the insurance claim is processed & payment is received from your health plan. Again, \$1.50 convenience fee for each credit card payment does apply.

For more information on our payment plans or how to make an on-line payment, inquire at the front desk or visit our website at www.lascma.com. To reach our secure server where credit-card payments can be made, go to www.securepay.lascma.com.

4/ **MISSED & RE-SCHEDULED APPOINTMENTS:** Clients who change or miss appointments within 24hrs of a scheduled visit will be automatically charged a fee of \$30.00 (unless we are otherwise able to fill the appointment or an unavoidable emergency occurred). In order to avoid this charge, we kindly request that clients make any appointment changes at least 24hrs before the scheduled visit.

5/ **VACCINATIONS & OTHER NON-URGENT INJECTABLES:** Outside from specifically designated circumstances, all vaccines and non-urgent injectables are to be paid in full by the client at the time of service. Upon request, we can provide a detailed, itemized receipt of payment for each injectable & service of administration. Known exceptions to this rule include Hepatitis B, Pneumovax® and Influenza vaccinations for eligible clients with Medicare -- Part B insurance.

6/ **MEDICAL-FORM COMPLETION POLICY:** To help defray the costs incurred due to the increasing amount of time staff and providers must spend on fulfilling requests for various forms, we have enforced a \$10.00 charge per form-request. If additional information is needed that cannot be already found in the chart in order to complete the requested form, a scheduled visit may also be required. Once all pertinent information is available, the form will be completed within 2 business days of submitted payment. Otherwise, a \$10.00 refund will be promptly credited to the client's account.

7/ **REQUESTS FOR A COPIES OF MEDICAL INFORMATION:** We realize that your medical record contains important information affecting the care provided to you by other physicians. Thus, upon request, we will do all we can to assure the prompt transfer of healthcare information from your LASCMA record to another designated provider. In order to cover the expenses incurred with such requests (including mailing costs, copying fees, supplies including electronic media, equipment rental/depreciation costs, employee time, etc.) a \$30.00 charge for this service must be paid at the time of request in conjunction with a client's written & signed consent.

8/ **LABS & OUTSIDE SERVICES:** Most laboratory tests & many diagnostic services are rendered by independent vendors. While we will forward your insurance information with a test requisition form or prescription, we cannot guarantee insurance reimbursement of the recommended test or the contract status of the referred facility with your health plan. We strongly recommend you check with both the referring facility AND your health plan at the time service is rendered. Depending on your insurance coverage, you may receive a separate statement for these services. For more information, please read the brochure entitled "All About The ABN."

9/ **LATE PAYMENTS:** Payment in full is expected within 30 days upon receipt of a statement reflecting a charge due and for which you are responsible. Unless prior arrangements are made through a payment plan, a late payment fee (accrued monthly) will subsequently apply to any unmet balances or outstanding charges. If you have any questions pertaining to a charge or the balance due on your account, please call the number of the billing service as indicated on the statement. If you wish to discuss any special needs in the handling of your account, please call the office directly during regular business hours.