

PATIENT FINANCIAL RESPONSIBILITIES

- **Co-Payment and Deductible**

You are responsible to provide payment for your deductible and co-payment and any non-covered services received at the time of service. If your deductible has been satisfied, we will bill your health plan. If your deductible has not been satisfied and/or eligibility verification of your plan indicates your coverage is no longer effective, payment is required at the time of service.

- **Medicare**

We accept Medicare assignment. You are responsible for your deductible and co-payment. If you have a secondary insurance carrier, a portion of your co-payment may be covered.

- **Non-Covered Services**

If we provide services to you that are not covered by your health plan or you are not a covered enrollee under the plan at the time the services in question were rendered, you will be responsible for payment in full for those services. Your signature, below, constitutes agreement to pay for such services.

- **Appointment Cancellation Charge**

A full appointment fee of up to \$120.00 may be charged for appointments cancelled or no shows without a minimum of twenty-four hours notification.

- **Payment Arrangements**

Payments may be made in cash, [by check] [or by VISA and MASTERCARD].

- **Services Charges/Late Fees**

Any balance carried to the next billing cycle will be subject to a 10% service charge.

- **Collections**

If it is necessary to assign your account to a collection agency and/or attorney, you will be responsible for all of our collection agency and attorney fees and costs.

We are happy to discuss with you any questions relating to the information above. We thank you for choosing JAMES A. DANIELZADEH M.D. for your Obstetrical and Gynecological services. We are proud to be your physician.

Patient Signature: _____ Date _____

Print Name: _____ Date of Birth _____