

INCONTINENCE & PELVIC SUPPORT INSTITUTE
THEODORE V. BENDEREV, M.D. KYM A. KANALY, M.D. PATIRICIA A. WALLACE, M.D,

FINANCIAL POLICIES

We welcome you to our office. We are able to concentrate on the practice of medicine and provide quality care by having our financial policies understood by our patients and by avoiding confusion or misunderstandings.

As a courtesy to our patients, we will bill insurance claims with a maximum of two insurance carriers per patient. It is important to emphasize that your insurance is a contract between you and the insurance carrier. Our billing experience has taught us that while filing insurance claims is a courtesy extended to our patients, it is not a guarantee of payment. You will be billed directly for the services rendered if we have not been paid by your insurance carrier within 45 business days. You will then be responsible for the bill.

Drs. Benderev and Kanaly are participating physicians with Medicare and accept assignment for all covered Medicare services. Our office staff will bill Medicare. Medicare pays 80% of approved charges and the patient is responsible for the other 20%, after the annual deductible is met. Our office staff will bill secondary insurance if the responsible party has given permission to the insurance company to have the payment sent to us. Each physician reserves the right to accept Medi-Medi and accept the Medicare payment portion as payment in full. For services not covered by Medicare, a separate arrangement may be made.

Drs. Benderev, Kanaly and Wallace are not participating physicians with Medi-Cal and therefore, cannot accept Medi-Cal insurance (including retro-active Medi-Cal coverage). For patients without insurance plans or for patients that are unable to provide an insurance card verifying current coverage, we require payment at the time services are rendered. If you do not have insurance or your insurance company does not pay for services rendered it is the patient's responsibility for payment in full. This also applies to patients requesting services that have insurance plans with which we are not contracted, (e.g., out-of-network coverage). _____ **(patient's initials)**

All monies owed by the patient (e.g. co-payments, deductibles, required "out-of-pocket" amounts, non-covered services and co-insurance amounts) are due at the time services are rendered.

If your account is placed with a collection agency, due to non-payment, you will be responsible for any additional charges this may incur, including collection agency fees, attorney fees, court fees, and any other fees associated in collecting the balance due.

For patients having surgery, we are happy to provide an estimate of surgical charges. The estimate is based upon present expectations of the tests/procedures and/or services that will be required for your care. Additional services may become necessary and we will attempt to inform the patient as the need for additional services are identified. Patients having surgery may be required to pay a deposit at the time the surgery is scheduled. When having surgery, other bills will be received from the hospital, surgery center, anesthesiologist, laboratories, other consultant physicians, etc.

Any patient that is seen or treated without proper authorization from their insurance carrier is responsible for the full charge of the services rendered if no payment is authorized retrospectively.

Any services rendered by Drs. Benderev, Kanaly and Wallace that are not a covered benefit of your insurance policy are your responsibility to pay. Our staff will assist you to the best of their knowledge in dealing with your insurance company but it is your responsibility to know and understand your insurance policy.

We accept cash, check, VISA or Master Card. We are willing to work with any patient requesting a financial payment plan. There will be a \$45 charge for each check that is returned for insufficient funds.

We hope you find this information helpful. Please feel free to ask our office staff if you require any further assistance.

Patient Signature: _____ Date: _____