



Moorpark Family Medicine

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Financial Policy

Thank you for choosing Moorpark Family Medicine. The following is our Financial Policy:

- All patients will provide accurate and complete personal and insurance information
- All applicable co-pays, coinsurance, deductibles and personal balances (current and prior) are due at the time of service
- Payment can be made by cash, check, Visa, MasterCard, or American Express

Insurance: Moorpark Family Medicine, Inc. participates in plans administered by Blue Cross, Blue Shield, Aetna, Cigna, Health Net, and PacifiCare PPO plans. We are also contracted with Regal Medical Group who administers our HMO plans.

Financial Difficulties: It is your responsibility to disclose any concerns that you might have regarding payment of your bill prior to seeing the doctor. We will make every effort to assist patients who bring this issue to our attention *before* services are provided.

Missed Appointments: All appointments not cancelled at least 24 hours in advance will result in a \$25.00 charge for the first incident and a \$50.00 charge thereafter. Patients with a pattern of canceling or missing appointments will be seen on a walk-in basis only.

Medical Records: Electronic medical record transmission to other treating providers will be provided free of charge. Paper copies can be supplied on a walk-in basis at \$0.10 per page.

Forms: Completion of forms not directly related to patient care is not routinely covered by clinical visit fees or by insurance. Because these take a significant amount of physician time, we find it necessary to charge a fee for completion of such forms. Examples include but are not limited to: Jury Duty Excuse, Family Leave Act Application, certain disability forms, accident reports, and certain DMV forms.

Past Due Accounts: Within 30 days of treatment, any additional payment not made at the time of services is expected in full. *All accounts will be assessed interest charges at a rate of 18% per annum on all unpaid balances greater than 30 days following the DATE OF SERVICE.* We submit claims to your insurance company as a courtesy to all of our patients. If your insurance carrier requires additional information from you in order to process your claim and you do not provide it, you will be responsible for full payment of all services immediately.

Assignment of Benefits: I hereby authorize my insurance benefits to be paid directly to Moorpark Family Medicine, Inc. I hereby instruct and direct my insurance company to pay by check made payable to Moorpark Family Medicine, Inc. and mailed to P.O. Box 848526, Boston, MA 02284. I understand that I am personally responsible for payments which my insurance company/managed care company will not cover if they say that an office visit, procedure or pathology, etc... is "not medically necessary", "pre-existing", etc...or related to deductibles or co-payments, or for any other reason they give for non-payment. I also understand that what my carrier considers "non medically necessary" may, on the contrary, be considered medically necessary by this office. Therefore, I agree to hold Moorpark Family Medicine, Inc. harmless for any medical decisions made by my insurance/managed care carrier which may in any way compromise my best care and result in medical damage, loss or death.

I authorize Moorpark Family Medicine, Inc. to release pertinent medical information to my insurance company when requested or to facilitate payment of a claim. I have read, understand and agree to the above Financial Policy.

Date

Signature

Printed Name