

Dr. Thomas Li
HealthOne/Advanced Internal Medicine

FINANCIAL POLICY

Please review the information below regarding our office's financial policy. This information is meant to help you understand your responsibility regarding charges incurred in our office.

1. It is your responsibility to determine if we participate with your insurance or managed-care plan. If services are rendered and you find that we are not participants in your insurance plan, the charges incurred at your visit and any subsequent claims resulting from this visit will be your responsibility.
2. If we participate with your insurance plan, we will bill both your primary and secondary insurance plans. You will be responsible at the time of service for payment of:
 - a. Co-payments
 - b. Any charges for non-covered services
 - c. Any balance remaining which your insurance denies coverage
 - d. Any deductible if applicable
3. FOR MEDICARE PARTICIPANTS, even though we are Medicare providers, you will be responsible for payment of:
 - a. Any charges for non-covered services
 - b. Any balance remaining which Medicare or your secondary insurance, if applicable, denies coverage
 - c. Any deductible if applicable
 - d. Co-payments if applicable
4. If you have no health insurance, payment is expected in full at the time of service.
5. If we receive a returned check due to insufficient funds, a fee of \$ 30.00 will be charged to your account.
6. If you are unable to keep your appointment and fail to give 24 hours notice or if you do not keep a scheduled appointment, you may be charged a fee of \$25.00.
7. We accept payment in the form of cash, check and credit card (Mastercard, VISA or American Express).
8. Any additional questions related to billing, your statement or account may be directed to HealthOne Billing Service, 1-800-661-3365

Your signature below will reflect that you have been made aware of our financial policy and your financial responsibility regarding charges incurred in our practice.

We thank you sincerely for your trust in our practice.

Patient/Guardian Signature

Date

Patient Name