

FINANCIAL POLICY

Coast Medical Center is committed to providing you with the best possible care. As medical care providers our relationship is with you, not your insurance company.

Payment for services are due at the time of service, unless payment arrangements have been made in advance by management or the practice administrator. Payment for services include any copay, coinsurance and /or deductible. We accept cash, checks and most major credit cards.

A fee of \$35 will be applied to your account to any returned checks. If you have medical insurance we will happily bill your insurance company with the understanding that all charges are your responsibility. Please be reminded that:

Your insurance is a contract between you, possibly your employer and the insurance company.

It is your responsibility to update the office with any demographic changes.

Not all services provided in our office may be covered by your insurance carrier. Some insurance companies arbitrarily select certain services they will not cover. Be aware of your benefits. It is your responsibility.

Patient Name(PRINT): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_