

Financial Policy

We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you. Your clear understanding of our Financial Policy is important to our professional relationship. If you have any questions or concerns, please speak with our practice administrator or the CHOC business office.

Office Visits

We require that all copays be paid at the time of service. We do not bill for copays. We will accept cash, check or credit card for payment. The copay is the responsibility of the parent or guardian that brings the child to the office for the visit. Please make arrangements for payment if a relative or other caregiver is bringing your child to a visit.

Insurance Coverage.

We require you to bring and present your child's insurance card each time you visit our office. At each visit your insurance information will be verified and scanned into our system. If there is a change in insurance, it is your responsibility to bring it to our attention immediately (even if you have not received your new cards). Delays in giving us this information may result in the visit being denied by the insurance company as untimely and the unpaid visit balance may become the responsibility of the parent/patient. Office visit charges are billed to your insurance company usually within a few days of your visit. If we do not have viable insurance information, you are considered a cash patient and are responsible for the charges.

HMO Insurance

PAM participates with St. Joseph Hospital Affiliated Physicians, Monarch HealthCare (commercial and CalOptima) and CHOC Health Alliance (CalOptima). It is your responsibility to make sure you are assigned to one of our physicians – through one of these medical groups. If you are covered through another medical group, you are welcome to be seen in our office, but it would be on a cash basis. We are not allowed to see you if you are in one of these medical groups but assigned to another PCP. We do not accept referrals from other physicians.

Well Child Visits and Immunizations

Insurance claims are usually processed as a "Preventative Care Service". It is your responsibility to know and comply with what is covered under your individual plan with regard to age limits, gender limitations, and/or frequency limitations.

Well & Sick visits

Insurance companies have defined a well visit by its scope of treatment. Because of this the payment of this service is based on this defined scope of treatment. If an abnormality is discovered or a chronic illness or pre-existing problem is addressed, and the issue is significant enough to require additional services or time by the physician, a separate "sick" office may be added to the well exam visit. This is up to the discretion of the treating physician. Please note that this additional service may or may not be covered by your insurance and may or may not require payment of a copay. We will not know the outcome until your insurance company processes your claim.

Cash Patients

Patients with NO insurance coverage are responsible for payment for all services at the time of the visit. Please ask for an estimate of charges before you are seen by one of our physicians.

Payment for services

Statements are sent out approximately every 28 days. The balance due is the parent/patient responsibility after the insurance company has paid and the contractual adjustment has been taken off. Payment is expected in full when that statement is received.

For your convenience, we accept Visa, Mastercard, and Discover cards in the office and over the phone. We also accept Visa, Mastercard, Discover and American Express cards for payments submitted on line through our web site at www.pam4kids.com.

PAM exhausts all efforts to research and resolve past due accounts prior to sending them to an outside collection agency. In the event that an account is turned over to a collection agency your family will be discharged from our practice and your insurance company and/or medical group will be notified for PCP reassignment.

Return Check Fee

A \$25.00 fee will be applied to all returned checks. It is expected that the original payment and fee will be paid by cash or credit card as soon as the situation is brought to their attention. Should payment not be made, the returned check will be referred to the Sherriff's department.

Financial Responsibilities

Parent / Patient Responsibility

- To assure that PAM is provided with the most current insurance information.
- To provide timely payment to PAM for all balances known to be the parent / patient responsibility. This includes copay, coinsurance, deductibles, and cash services.
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PAM's Responsibility

- To bill charges and post payments accurately.
- To process claims and statements according to the best information available to us.
- To provide accurate financial counsel to parents / patients that contact the business office.
- To work with the financially responsible party to establish an monthly budget plan if needed.

Thank you for coming to our office for your pediatric medical services.

We understand that insurance details can be challenging. If you have any questions regarding your plan's benefits or limitations, please contact your insurance company.

If you have any questions or concerns about the financial aspects of your relationship with us, or would like a copy of our fee schedule please contact our business office at (714) 509-3009.

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9/2018

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