

## OFFICE AND BILLING PROCEDURES

### 0-2 years old

Your first visit is scheduled for 45 min. The fee is **\$195.00**. Please feel free to complete and return your “new patient” paperwork before your initial visit. Follow-up visits are **\$140.00** and are approximately 30 minutes long. All fees may be paid by check, cash, Visa, MasterCard or American Express.

**MEDI-CAL & MEDICARE PATIENTS:** Since we **DO NOT PARTICIPATE** with Medi-Cal, or Medicare, they will not pay for any services in our office. You will be considered a cash patient only with payment due at the time of service.

**PRIVATE INSURANCE:** If your plan provides coverage for non-participating physicians, you should be able to receive reimbursement for your visits. As a courtesy to you, we offer to file the initial insurance claim for each visit. We do not follow up on these claims or re-bill the insurance company, but are happy to provide a receipt if needed for any reason, or if you prefer to do the initial billing yourself. All insurance checks will be directed to the patient or refunded if received by our office, unless other arrangements have been made. Since we do not participate with any private insurance companies, we have no agreements to accept lower payment. Questions regarding specific benefits are best directed to your insurance carrier. Please understand that:

1. Your insurance is a contract between you and your insurance company. We are not a party to that contract. We are a non-participating provider.
2. Our fees are within the range charged by similar providers in our area. Each insurance company determines their “allowed amount” for these charges and then pays a percentage based on your contract with them. This is not necessarily the amount billed.
3. Not all services are covered under all insurance plans. Some companies select certain services they will not cover, or which have limited benefits. Please contact the customer service department listed on your insurance card to verify coverage for your plan.
4. We do not participate with any HMO groups. Therefore, if you are on an HMO, your insurance will not pay unless your primary provider issues a referral to our office.
5. While the filing of insurance claims is a courtesy that we extend to our patients, **all charges are your responsibility and are payable at the time of service.**

**APPOINTMENTS:** Kindly give 24 hours notice if you need to cancel or change your appointment so this time may be used efficiently. **If you miss appointments without 24 hours notice, or arrive more than 20 minutes late, \$50.00 will be charged to your account and must be paid before your next visit.** This is not billable to your insurance.

**I hereby authorize the office of Monica Kieffer, D.O. to release any information to my insurance carrier or billed party, which may be required in the processing of my claims. A copy of this form shall be as valid as the original.**

Thank you,

Monica Kieffer, D.O.

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**SIGNATURE OF PATIENT / RESPONSIBLE PARTY**

**DATE**