

DIABLO VALLEY ONCOLOGY & HEMATOLOGY MEDICAL GROUP, INC.

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CO-PAYMENT COLLECTION POLICY

We are required by law, and your health plan, to collect co-payments at the time of service. Co-payments are required each time you are seen by the physician or nurse practitioner, and each time you receive medication in our Infusion Center, even if the physician or nurse practitioner does not see you. This co-payment is for the limited office visit charge that covers the medical management that the physician provides in overseeing your treatment.

This policy is established by your health plan and is explained in your benefits handbook. Additionally, your specific co-payment information is usually printed on your insurance card. If you have questions or concerns about your co-payment requirements, please call your insurance carrier directly.

INSURANCE REIMBURSEMENT & BILLING POLICIES

BILLING STATEMENT: We are happy to bill your insurance as a courtesy to you. Each month you will receive a statement from us describing your current balance and any charges incurred during the statement month. You can submit this bill yourself, along with the appropriate forms, to your insurance carrier. Or, as many of our patients prefer, we will bill your primary and secondary insurance carrier for you. Diablo Valley Oncology does not bill tertiary insurance coverage other than Medicare or MediCal. For us to do so, you must sign the "Release of Information & Assignment of Benefits" statement on the bottom of the *Patient Information* form or *Change of Insurance* form. We will bill your insurance a maximum of three (3) times, then the responsibility for handling issues with insurance reimbursement rests with you. You are ultimately responsible for payment of your bill.

When you receive our monthly statement, payment is expected within thirty (30) days. Payments are considered delinquent after sixty (60) days. If statements are not paid after this sixty-day (60) period, a late charge will be assessed on the unpaid balance at a rate of 1% per month, compounded monthly, unless alternative payment arrangements are made in writing. If Diablo Valley Oncology or its physicians are not contracted with your insurance carrier, you are considered a "self-pay" patient and payment is due in full at the time of service.

ATTORNEY FEES AND COLLECTION COSTS: If any legal action is necessary to enforce or interpret the terms of these billing policies, the prevailing party shall be entitled to reasonable attorneys' fees, costs and necessary disbursements in addition to any other relief to which that party may be entitled. You agree by your signature below to pay all collection costs, including attorneys' fees on all delinquent payments.

SUSPENSION OF CARE (EXCEPT EMERGENCY CARE): If no payment is received after ninety (90) days, we may be forced to suspend all but emergency care until a payment is received. Please discuss all billing issues directly with our billing department.

ADMINISTRATIVE FEES

Due to the high volume of requests we receive, we charge administrative fees for copying of all or part of a medical record, completion of disability forms, printouts of your billing statements, and other such administrative requests. The current fee schedule (which is subject to change) is:

Copying of Medical Records Fee:	\$15.00 + .25 cents per page
Disability Forms:	\$15.00
All Other Administrative Requests:	\$15.00
Returned Check Charge:	\$20.00

My signature below indicates that I have read, understood and agreed to the Insurance Reimbursement & Billing Policies of Diablo Valley Oncology & Hematology Medical Group, Inc.

PATIENT'S SIGNATURE _____ DATE _____

PATIENT'S NAME (please print) _____