LONG BEACH
INTERNAL
MEDICAL
GROUP INC.

2650 Elm Avenue, Suite 309 • Long Beach • CA 90806
562 • 595 8549 • Email office@lbimg.com

OUR FINANCIAL POLICY

We are dedicated to providing the best possible care for you, and we want you to completely understand our financial policies.

1. Payment is **due at time of service** unless arrangements have been made in advance by your carrier. We accept cash, checks, Visa and MasterCard with proper ID.
2. Keep in mind that your insurance policy is basically a contract between you and your insurance company. **As a service to you,** we will file your insurance claim if you assign the benefits to the doctor- in other words, if you agree to have your insurance company pay the doctor directly. If your insurance company **does not** pay the practice within a reasonable period, we will look to you for payment. We have made prior arrangement with many insurance companies and other health plans to accept assignment of benefits. We will bill them, and you are **required** to pay a co-payment at the time of your visit.
3. If you are insured by a plan that we **do not** have a prior arrangement with, we will prepare and send a claim for you on an unassigned basis. This means the insurer will send the payment directly to you. Therefore, our charges for your care are due at the time of service.
4. **Not all insurance plans cover all services.** These can include, but not limited to, Immunizations, injections, Flexible Sigmoidoscopy, Treadmill Stress Test, various dermatological services (skin tag removals, etc.). In the event your insurance plan determines a service to be **" not covered,"** you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.
5. We will bill your insurance company for all services provided in the hospital. You are responsible for any balance due.

I have read and understand the practice's financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.

Signature of patient (or responsible party, if minor) DATE

Please print the name of the patient patient's initials indicate received copy

Howard L. Worcester, M.D. Danny Phu, M.D. Stephen W. Hryniewicki, M.D.
Ronald A. Bitter, M.D. Heather Gerard, MS, PA-C Peter Y. Kaneshige, M.D.