

Jorge A. Saldivar M.D., P.A.

CREDIT AND FINANCIAL POLICY. PLEASE READ AND SIGN BELOW.

We hope you understand that our credit and collection policies are a necessary part of assuring the financial resources needed to maintain this vital health care facility for our patients and community.

Payment for medical services at our office is expected at time services are rendered. If you have health insurance, please understand that this is an agreement between you and your insurance company and even though we might participate with your plan, it should be understood that you are responsible for your bill regardless of the status of your insurance claim and will require your full cooperation in ensuring that your bill in our office gets paid in a correct and timely manner. Any co-payments, co-insurances and deductibles are due at the time of service (in the case of surgical procedures, your portion due is payable before the date of the procedure, usually at the time of your pre-operative orders appointment and for pregnancy, a special plan will be worked out so that your portion is paid off before the delivery). Our insurance personnel will help you in obtaining insurance plan benefits. Please advise us of any special provisions of your plan (i.e. specific laboratory requirements, pre-authorization of certain procedures, referrals, etc).

Except when hardship warrants otherwise, accounts 90 days past due will be reported to Experian Credit Bureau Services, at which time a \$90.00 service charge will be added to your account balance. If you choose to allow this to happen, you will be dismissed as our patient and you will be referred to other medical facilities for your care. Your chart and account will be reopened on a cash basis only and after paying total charges.

If unusual circumstances should make it impossible for you to meet our credit terms, we invite you to call or personally discuss the matter with our credit manager. This will avoid misunderstandings and enable you to keep your account in good standing.

Communicating with our patients is extremely important. Please let us know if you have any questions, comments, suggestions or concerns. We want you to feel very comfortable during your visits and look forward to a long-lasting relationship based on mutual respect and communication.

Thank you for choosing us. Welcome!

Sincerely,

Business Office

Agreed on this ____ day of _____ of 20 ____.

Signature of Patient or Legal Guardian

07/26/05sm