



STEVEN MACHTINGER, M.D. & ASSOCIATES, INC.

Consultants in Allergy, Asthma and Immunology of Children and Adults

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FINANCIAL POLICY

• PRIVATE INSURANCE PLANS

Copayments (Copays) are due in full on the date of service. Insurance claims are filed as a courtesy to you. Deductibles and co-insurance are billed to you after your insurance has paid their share in full.

Your insurance coverage is a contract between you, the insurance company, and, if your medical insurance is provided through your job, your employer. For disputes arising between you and your insurance carrier with respect to copayments, deductibles or coverage for provider services, our involvement is limited to providing factual information as required. **To avoid financial surprises, you should know and understand your benefits, deductibles, coinsurance amounts, and prerequisite actions required before seeking medical service.**

• CASH PATIENTS

Full payment is expected at the time of service. We are glad to discuss estimated costs before providing service. Actual costs, however, are determined by the medical care provided at the time of service.

• HMO INSURANCE PLANS

We are contracted through Mills Peninsula Medical Group (MPMG/PAMF), Brown & Toland, and Direct Network. These organizations have specific rules regarding referrals. **It is your responsibility to obtain appropriate referrals from your primary care physician (PCP). These referrals must be presented before or at the time of service. Periodically, it may be necessary for you to obtain new or renewed referrals from your HMO or PCP.**

• DUAL INSURANCE COVERAGE

It is your responsibility to ensure coordination of benefits prior to the first visit by contacting both of your insurance companies. **Failure to do so could result in denial of coverage from one or both plans resulting in the balance of payment becoming your responsibility.**

• CANCELLED OR MISSED APPOINTMENTS

We require twenty-four (24) hour notice (72-hour notice for Monday appointments) for cancellation or rescheduling of appointments. When contacting us after business hours such notice should be left on our voicemail (650-696-8230) and not sent as an email. **You will be charged for visits that are missed or cancelled without timely notification.**

• ACCEPTANCE AND ASSIGNMENT OR BENEFITS

I understand and accept that irrespective of my insurance status I am responsible for the balance of my account for any medical service provided by Steven Machtinger, MD & Associates, Inc. I have read the Financial Policy and have completed the Patient Registration Form. I have had an adequate opportunity to ask questions regarding the Financial Policy. I have received and understand all responses to these questions. I certify that this information is true and correct to the best of my knowledge.

Signature of Responsible Party _____ Patient Name _____

Printed Name of Responsible Party _____ Date _____