

SPORTS AND SPINE ORTHOPEDICS

**Peter Borden M.D. Allyson Estess M.D. Jennifer Hsu M.D.
Andrew Wassef M.D. Remi Ajiboye M.D.**

Patient Financial Agreement

Dear Patient or Guardian:

Our goal is to provide you with the best medical care available. A clear understanding of our financial arrangements is essential for a successful doctor/patient relationship.

We are contracted with most PPO insurance plans. We do not accept any HMO, IPA, Medi-Cal, and Cal Optima.

Our office will verify insurance eligibility, however we cannot be held responsible for information received when verifying insurance benefits since it is not a guarantee of payment or eligibility. Please call your insurance for detailed information regarding your plan. **Ultimately, your insurance is an agreement between you and your insurance company.**

Please do not ask for discounts, waiving your co-payment or insurance only as this violates our contracts with your insurance.

If you do not have insurance, you will be expected to pay for your services at the time they are rendered. We accept cash, check, MasterCard, American Express, Visa, and Discover.

Charges for your treatment will be billed to your insurance company. However, if your insurance company has not paid their portion of the charges within 60 days, the account may revert to your responsibility.

Returned checks will be charged a \$25.00 fee and you will no longer be able to write checks for services in the office.

We are Out of Network with the following insurance companies: (Obamacare), Covered California, Affordable Care, and Healthnet.

We are happy to bill all charges to your out of network insurance company on your behalf. Since we are out of network, payments from your insurance will more than likely come directly to you for services provided to you by our physicians.

Please forward those payments and the explanation of benefits to us as soon as you receive them so that we can apply the payment to your account in a timely manner.

If you have any questions, please contact our Billing Department at 310-375-8700 and someone will assist you with your questions.

My signature below indicates that I have read and understand the above statements.

Patient Name

Date Signed

Patient Signature

