

**Dr. Stephen F. Osborn, MD**  
**2500 Hospital Drive, Building 15**  
**Mountain View, CA 94040**  
**Phone: 650-988-7100 Fax: 650-988-7070**

**PAYMENT POLICY**

**INSURANCE:** You are responsible for knowing what your insurance plan policies are, how much they pay, if you need a referral, and how the policies are enforced. You are responsible for informing us if you change your insurance policy, insurance company, or insurance coverage.

**INDUSTRIAL: (JOB RELATED INJURIES)** If you have an industrial/Workers' Compensation injury, you are responsible for furnishing us with complete information regarding the insurance carrier, employer, date of injury, and claim number. You will be responsible for the charges in full if we do not receive this information or if your claim is disputed or denied.

**MEDICARE:** We now accept assignment of all Medicare claims. We bill Medicare and your supplemental insurance as well. You are responsible for notifying us of any changes in your plans or your coverage.

**PERSONAL INJURY AND AUTO ACCIDENT:** You are responsible for payment in full at the time of each visit including surgeries. We will not bill you or your auto insurance or your private insurance company for this type of injury. We will not bill a third party person or insurance, and do not take liens. You are responsible for getting your own reimbursement from these sources.

**SURGERY:** If you need surgery, and do not have a third party injury, or auto accident, we will bill your insurance for Dr. Osborn's portion of the surgical charges. We will call your insurance company to get pre-authorization for your surgery. It is your responsibility to check with your insurance company regarding benefits for your surgery.

**MISSED APPOINTMENTS:** We require 24 hours' notice if you are unable to keep an appointment. If you need to call after business hours, please leave a message on the answering machine. You will be billed at the FULL PRICE for a missed appointment or a late cancellation fee if we do not receive 24 hours' notice regardless of your insurance.

**COPIES OF RECORDS:** Copies of records can be obtained with prepayment of administrative costs. These are for retrieval, copying and for mailing, if necessary.

If you would like a copy of the privacy practice letter, please notify the receptionist. I acknowledge that I have been offered a copy of the offices' Notice of Privacy Practices. I acknowledge that I have reviewed the Notice of Standard Privacy Practices prior to signing this consent. I understand that the office reserves the right to change its notice of Privacy Practices without notice to me.

**I HAVE READ THESE POLICIES AND UNDERSTAND WHAT MY RESPONSIBILITIES ARE.**

**PRINTED NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_