



MARK E. READER, D.O., FAOCO

Phone 559-791-1779 Fax 559-791-9353

Here to Help You Hear

390 North Pearson Drive
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Office Billing and Payment Policy

We are committed to providing you with the best possible care. If you have medical insurance, we wish to help you receive your maximum allowable benefits. To achieve this, we need your understanding of and assistance with our billing and payment policy.

We participate in many of the major health plans. Our business office will submit claims for any services rendered to a patient who is a member of one of those plans and will assist you in any way we reasonably can to help you get those claims paid. It is the patient's responsibility to provide all necessary information to us before leaving the office. If you have a secondary insurance that we are contracted with, we will automatically file a claim with them as soon as the primary carrier has paid. If your insurance company should need additional information from you, it is your responsibility to comply with their request.

Non-Covered and Out of Network Services: Medical services that are considered by your insurance company to be non-covered, out of network, or not medically necessary will be **the patient's responsibility**.

For patients with **HMO plans**, your co-payment is required at the time of service. The amount of co-payment varies with different plans. You are responsible for knowing the **co-payment** amount and the **primary care physician** listed on your card.

For patients with **PPO Plans**, payment of your deductible is required at the time of service until the year's deductible has been met. After that, we require co-payments, co-insurance or other liability to be paid at the time of service.

For patients with **private, no insurance, or an out-of-network insurance** (doctor is non-participating), payment in full is due at the time of service. For patients with a **primary** insurance that we are not contracted, we will submit the claim as a one-time courtesy. Any follow up on the claim will be the patient's responsibility.

For patients with **Medi-Cal**, you are responsible for knowing which plan you are currently eligible. You must have a current card and an authorization for the visit if required by your plan. Patients are responsible for payment at the time of service if no card is received or no required authorization has been obtained.

If special circumstances make immediate payment impossible, payment arrangements must be approved in advance by our business office staff.

Payment: We strive to be as accurate as possible in calculating the patient's responsibility. However, our calculations are only an estimate of the charges, and you may receive a statement from our office for balances owed. We accept cash, check, money order or credit card (MasterCard or Visa). Credit card payments are processed only in the office.

Returned checks will incur a \$15 fee, and your account will be placed on a cash only basis. We will accept payments only by cash or money order until the balance is cleared.

If it becomes necessary to assign your account to a **collection agency and/or attorney**, you may be responsible for all of the collection agency and/or attorney **fees and costs**. Accounts turned over to collections may result in dismissal from the practice.

Unless canceled at least 24 hours in advance, there will be a **charge of \$25 for missed appointments**. Please help us to serve you better by keeping scheduled appointments. Missed appointment fees must be paid prior to rescheduling. Multiple missed appointments may result in dismissal from the practice.

Please note that reminder phone calls may be made as a courtesy, but they are not guaranteed.

The office of Mark E. Reader, DO retains the right to amend this billing and payment policy from time to time.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.