

ONCOLOGY ASSOCIATES OF SAN DIEGO

A MEDICAL GROUP

Dr. Robert M. Barone, M.D., F.A.C.S. Dr. Paul M. Goldfarb, M.D., F.A.C.S.

FINANCIAL POLICY

Dear
Patient,

Our office will be happy to bill your primary and secondary insurance carrier if the proper information has been provided. We will need to copy your insurance card at the time of your visit.

If you wish to bill your own secondary insurance, please use a copy of your itemized monthly statements. If you need assistance with secondary billing procedure or if you have any questions regarding your account, please contact our Business Office at (858) 637-7880.

Our Office will bill your HMO insurance for services provided. In addition, most HMO insurance companies require the patient pay a co-payment at the time of the service. Please inform our office if your insurance provider requires a "co-pay".

Patients are responsible for the balance due in full if your insurance company fails to pay. If you feel that your insurance company has not responded to your claim, please contact your insurance company. It is your responsibility to assist with problems that result from an unpaid claim. Also, be advised that if we are not notified of changes (i.e., Group number, insurance address, HMO changes) or new insurance coverage, you will be responsible for payment in full.

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Please contact our Business Office if you have any questions regarding our financial policy.

Patient's Signature: _____ Date: _____

Witness: _____ Date: _____