

Rhoda Estrella-Itchon, MD, Inc.

25495 Medical Center Dr., Suite 301
Murrieta, CA 92562-4902
(951) 461-1070 Fax (951) 461-3449

FINANCIAL POLICY

When you fill out the Patient Registration Form, included is a section regarding financial responsibility. It states that the patient is ultimately responsible for all charges, whether covered or not covered by your insurance. On occasion your insurance may determine the care you have received is NOT a covered benefit. Please read your insurance handbook and be aware of what your insurance offers for benefits. When in doubt, contact your insurance company directly for clarification.

New & Existing Patients

Please know that it is YOUR responsibility to notify the clinic of any change to your name, address, phone numbers, change of employer, emergency contact name, or insurance information as soon as the change occurs. Please have your insurance card and any other necessary insurance and billing information with you.

If you are a NEW PATIENT, please plan to arrive 10 minutes early for your appointment. Please sign in at the desk so that we can review your registration information to make certain it is current and accurate and collect any co-payments that are due with your insurance plan.

UHC Military & Veterans Patients

Please ensure that you are enrolled with Dr. Rhoda Estrella-Itchon through UHC Military & Veterans prior to making an appointment.

Health Insurance

We will bill participating insurance companies as a courtesy to you. Health insurance is intended to cover some, but not necessary all of the cost of your treatment. Most plans include co-payments or a deductible that must be paid by the patient. If you have health insurance, please bring your plan identification card with you at every visit. You are responsible for the difference between what your insurance pays and the total charges for your care, less any discounts if we are contracted with your plan. Please call Amy at PDS at (800) 869-3700 for any billing questions.

Co-Pay Requirements

By definition, a co-payment is "The portion of a claim or medical expense that a member must pay out of their own pocket to a provider or a facility for each service. It is usually a fixed amount that is paid at the time service is rendered." It is the policy of the Rhoda Estrella-Itchon, M.D. that patients are prepared to pay their required co-payment at the time service is rendered in accordance to the terms of the insurance plan.

Private Pay Patients

All private pay patients who present without proof of insurance are required to pay at the time service is rendered.

Acceptable Forms of Payment

We accept credit, debit, cash, or in-state checks as forms of payment. Any returned checks will be subject to a \$15.00 fee. In addition, payment is required at the time of service for all children regardless of who brings in your child for the appointment.

Appointments

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Please give us 24 hours notice if you are unable to keep your appointment. If you fail to keep your appointment or provide us with a 24 hour notification of cancellation, we WILL bill you a \$25.00 fee. Most insurances will NOT cover this fee. If you miss three or more appointments, we reserve the right to dismiss you as a patient and you will receive a certified letter asking you to find another physician.

We try to see everyone in a timely manner, but if we are taking too long, please allow us to reschedule you.

Referrals/Authorizations

Many insurance companies require a primary care physician to initiate a referral and authorization process for all services rendered outside of our clinic. Various specialty services may require additional review by health insurance plans. Our goal is to provide services in a timely manner, usually within 24 to 48 hours. However, once the request is transferred to the insurance company and additional review is required, we must await their response.

Copies of Medical Records/Forms

There is a \$25.00 fee for medical records for the first 60 pages and an additional \$0.25 per page after the initial 60 pages. If you prefer, you may provide us with a flash drive and you will be charged a flat fee of \$15.00.

For any documents that need to be filled out by Dr. Rhoda Estrella-Itchon, M.D. there is a \$25.00 charge.

Patient Name (Printed)

Patient Signature/Date