

## **Bay Area Colon & Rectal Surgeons**

Drs. Samuel Oommen, Ran Kim, & Brian McGuinness

2700 Grant Street, Ste. 306, Concord, CA 94520

Tel. 925/674-2626; Fax 925/825-3541

### **Provider Financial Policy**

- 1) Copy of photo I.D. is requested upon check-in.
- 2) Payment of co-pay, deductible and/or co-insurance is due at time of service.
- 3) This provider accepts credit cards (VISA/MASTERCARD) for payment.
- 4) This provider accepts checks with proper identification.
- 5) There will be a service charge of \$25.00 for returned checks.
- 6) A 24-hour notice is required to cancel office appointment. Otherwise, a service fee of \$25.00 will be charged.
- 7) There will be a charge of \$200.00 for any reschedule or cancellation of surgery scheduled in the Hospital or Surgery Center. A 48-hour notice is required to reschedule or cancel without penalty.
- 8) A \$25.00 charge per surgery for filling out forms like state disability, FMLA, attending physician's statement, DMV, etc.
- 9) Balance bill payment is due within 30 days of final payment by insurance company.
- 10) We will file supplemental/secondary insurance claims when appropriate.
- 11) For big balances, payment arrangements can be made at time of service.
- 12) If you don't have insurance, total payment is due at time of service.
- 13) Any change in insurance, home address, phone numbers will be reported immediately to the office for billing and other purposes.
- 14) Telephone no. to call with account questions is 925.674-2625.

THANK YOU!!!  
FOR CHOOSING OUR TEAM  
FOR YOUR HEALTH CARE NEEDS

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Name (Print)

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Patient's Signature/Guardian

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Date

