

Financial Responsibility

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The following is a list of financial policies for the families attending Pediatric Care.

Payment is due at the time of service:

- If patient does not have insurance.
- Patient who have saving plans in lieu of insurance.
- Insurance states patient is not eligible at the time of services with Current carrier.
- If insurance does not cover any service.

Copays must be paid at the time of service. **There will be an additional \$10 charge for any non-payment at the time of the visit.**

Pediatric Care will not be involved with any divorce disputes regarding payment for copays or any unpaid balance. **Parent bringing the child is responsible for having copay at the time of visit.** This needs to be arranged by the parent prior to the appointment.

There is a \$10 fee for any form to be signed, filled out or copied by the staff of physician.

WIC form will only be filled out by doctor once every 6 months if blood testing or for special WIC requirement. Height and weight can be done at WIC offices. **Appointments need to be scheduled at least 5 days in advanced prior to your WIC appointment.**

There is a \$35 charge for any cancelled or missed appointments without a 24-hour notice. Three no show will result in family being dismissed from the practice.

There is a \$35 fee for returned checks.

It is the guarantor's responsibility to notify office if there is a change in address, phone numbers, insurance carrier, or if you receive a new insurance card.

Secondary insurance can only be used if the primary and secondary are well coordinated, and we will bill if guarantor provides us with secondary at the time of visit.

Parents must provide Medi-Cal information at the time of service, we only accept CCHP. We do not accept straight Medi-Cal. Failure to provide insurance will result in patient being responsible for the account.

The guarantor needs to make payment to keep their account current if disputing claims by the insurance carrier. Patient who do not keep their account current may be refused routine care appointments until account is settled.

If for any reason your account is turned over to the collections department, the patient will be dismissed from the practice.

Guarantor Signature: _____

Date: _____

Patient Name: _____

Date: _____