Selina Shah, MD
Financial Policies

BASS

Selina Shah MD, a division of Bay Area Surgical Specialists Medical Group, Inc (SS-BASS), has adopted the following financial policies to simplify the billing process and help secure reimbursement for medical services provided to you.

Please bring your insurance card to the office every visit: You must bring your insurance card on your first visit, as well as any time your coverage changes in any way. If you do not have a current insurance card we appreciate and expect payment at the time of service. Always be sure to tell us right away when you obtain new insurance coverage, updated information or a new insurance card. We are not responsible for any changes in your insurance coverage.

I understand it is my responsibility and have personally verified if my insurance is contracted with this practice and/or the doctor I am seeing.

Co-payments are due at the time of service: I understand that if my insurance policy requires that I make a co-payment for office visits, I will be expected to pay that co-payment at the time of my appointment. I understand that this is a term of my health care contract.

I understand if I do not pay for my co-payment at the time of service, an additional fee of $15 to cover billing and administrative costs will be added to my bill.

The co-payment and any billing fee are due upon receipt of statement from this practice.

When verification of insurance coverage is not available: I understand that if SS-BASS cannot confirm that I am covered by an accepted insurance plan, I will be expected to pay for my charges in full at the time of my visit. Once SS-BASS can confirm insurance coverage, SS-BASS will bill my insurance company. I understand if an insurance payment is received, SS-BASS will refund any money due to me.

Medi-CAL: I understand that SS-BASS is not a Medi-CAL provider. I will be responsible for all charges at the time of appointment.

Self-Pay: I understand that SS-BASS will collect for services at the time of appointment if SS-BASS does not accept my insurance plan.

Auto Accidents and other injuries: I understand that SS-BASS does not bill third parties; nor do they accept liens. I understand I will be expected to pay my charges in full at the time of service. ***Sorry- no exceptions.***

When the insurance company delays payment: I understand that SS-BASS will bill my insurance carrier as a courtesy. If my insurance carrier does not make payment within 90 days, I am responsible for the balance in full and it will be due and payable immediately. I understand SS-BASS will send me a statement. If there is a problem or dispute over payment with my insurance carrier, I am responsible for pursuing the matter with them directly. If my insurance carrier subsequently makes a payment, SS-BASS will refund any money due to me.

When your insurance company denies a claim: I understand if my insurance company denies a claim, I will be billed for all services provided, in accordance with the contract of my insurance company. This may include, but is not limited to, denials due to eligibility, out of network services, when the insurance carrier has requested information from me and that information is not provided in a timely manner and instances where maximum benefits have been reached. I understand SS-BASS is not able to determine my specific coverage and benefits, plan limitations or plan provisions. For this information, I should contact my insurance carrier directly.

Procedures: I understand that SS-BASS will verify my insurance eligibility for procedures that are billable to insurance. However, until claims are processed, deductible amounts and co-insurance amounts prior to the procedure cannot be determined. I further understand that the procedure co-pay may be collected upfront and applied to those fees. I further understand that ANY FEES I AM QUOTED ARE ESTIMATED based on 1) anticipated procedure to be performed and 2) current information provided to this practice by my insurance carrier. I understand that this practice will obtain the necessary authorizations prior to the procedure. *I further understand that prior authorization is not a guarantee of payment*, and that I am responsible for all charges not paid by my insurance carrier. This also applies if my insurance company delays payment over 90 days after

billing or denial of insurance coverage. If my insurance company demands a refund of any monies paid to SS-BASS, I become financially responsible for those charges.

Procedure Cancellation: I understand that I may be directly billed the cost of injectable medications that are special ordered for procedures in the even I cancel or no show for the procedure.

Workers' Compensation cases: If I have a workers' compensation case, I understand that I will need to bring all of my insurance information with me to my appointment. I understand I cannot be seen without prior authorization and will be asked to reschedule my appointment if my treatment is not authorized. I understand that if I have a work related injury, I must file a claim with worker's compensation insurance.

Medical Records: I understand there is a charge for reproduction of my medical record, depending on the size of the record. This charge includes the transfer of records to an attorney, other physicians, and other medical facilities.

Medical Forms: I understand there is a charge for the completion of forms. This fee is due in advance.

Payment Options: We accept cash, check, or credit card. Checks are payable to BASS Medical Group. For your convenience, we accept Visa and Mastercard preferably. I understand that SS-BASS may also take a verbal request by me over the phone to make a credit card payment on my account. I give authorization for SS-BASS to bill my card for the amount specified and acknowledge that verbal requests can only be made by the responsible party since no credit card information is kept on file.

Missed Appointments and Cancellations: If you must cancel or reschedule your appointment, please notify us no less than 2 business days in advance. Please be courteous and remember that the appointment time reserved for you can be used by another patient.

I understand that cancellations with less than 2 business days' notice and No Shows will be billed a $50 service fee.

Returned or "Bounced" Checks: We pass along our banks' service charge to you for any checks that are returned for non-payment for any reason.

I understand a service fee of $25.00 will be added to my balance for all returned checks. I understand this needs to be cleared on my account prior to my next visit.

Delinquent Accounts: I understand charges are due in full at the time of service, or upon receipt of a statement from this practice. I assume receipt of all statements sent to me at the most recent address I have given. I accept all charges as accurate unless I contact BASS Medical Billing promptly upon receipt of a statement to dispute them. Statements returned to BASS Medical Billing due to the expiration of a postal forwarding order, or as undeliverable for any reason will be assumed accurate.

I understand that I will be billed for any amounts due by me (co-payments/co-insurance amounts/deductibles) and that I have a financial responsibility to pay these amounts. I understand that I will be provided with three (3) statements for any balance due after insurance payment. I further understand that if I have not made payment prior to the third statement being mailed, the third statement will be marked as "Final Notice" and may result in my account being sent to an outside collection service if I still do not fulfill my financial obligations. I also understand that I will be responsible for any collection, interest or legal expenses associated with those collection efforts. I understand it is my responsibility to keep my account and contact information current.

PATIENT/RESPONSIBLE PARTY FINANCIAL AGREEMENT

I, the responsible party, certify that the information provided on all forms is true and accurate the best of my knowledge. I understand that I am financially responsible for all charges regardless of delays in insurance payment or denial of insurance coverage.

I hereby authorize Bay Area Surgical Specialists, Inc. Medical Group to apply for benefits and receive payments directly on my behalf for covered services rendered. They may also disclose any or all parts of my clinical record to any insurance company covering services for the purpose of satisfying charges billed.

It is my responsibility to understand and have personally verified if my insurance is contracted with this practice and/or the doctor I am seeing.

I further agree to pay all collection costs, attorney fees, and any other collection costs that may be incurred in the attempt to collect outstanding patient responsibility amounts.

I understand that if any insurance payments are sent directly to me, it is my responsibility to send these monies directly to BASS Medical Group immediately upon receipt.

I have read and understand the Financial Policies of Selina Shah, MD a division of BASS Medical Group. I also understand that no guarantee has been made to me about my insurance coverage. I do not hold Selina Shah, MD, Bay Area Surgical Specialists, Inc., Bay Area Surgical Specialists Medical Group, or any of the providers or staff responsible for my insurance coverage, or for decisions made by my insurance company.

I, the patient or the patient's representative, understand that Selina Shah, MD, a division of Bay Area Surgical Specialists, Inc is licensed and regulated by the Medical Board of California. I can verify this by contacting the Medical Board at (800) 633-2322 or via the internet at their website: www.mbc.ca.gov.

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Legal Signature

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Patient Name (Please print)

__________________________________ _____________________
Parent/Guardian Name, if applicable (Please print) **Relationship to Patient**

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Date