

STATEMENT OF FINANCIAL POLICY
KOUSAY A. AL-KOURAINY, M.D.
IGNACIO ITURBE, M.D.

We are providers for many insurance plans and we will be listed in your group's provider list if we participate in your plan. We will bill your insurance directly and receive payment directly from them. However, to avoid any confusion, please be aware that we do expect payment of any applicable deductibles, co-payments, co-insurance amounts or any other out of pocket expense at the time of service. Also, any services that your insurance will not cover are your responsibility.

If your insurance requires prior authorization for any services provided to you and this has not been obtained before your visit, you will be expected to pay for all charges incurred. If your insurance subsequently authorizes these unauthorized services, your payment will be refunded upon receipt from your insurance.

If we are not participating providers for your insurance plan, you will need to pay for services rendered at the time of service and as a courtesy we will bill your insurance on your behalf if you provide us with complete information to do so.

If you do not have insurance, payment is expected at the time service. For your convenience we also accept Visa, MasterCard, Discover, American Express and ATM/Debit cards.

If you must cancel your appointment, please give us at least 24 hours notice so we can schedule another patient in your place or you may be subject to a \$35 charge.

Office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday. If you need to reach the doctor after hours call our office and our answering service will reach him for you.

Thank you for choosing our office.

I have read and understand the above financial, claim filing and office policies

PRINT PATIENT NAME: _____

PATIENT SIGNATURE: _____ DATE: _____