

Sindu Pillai, M.D.
25485 Medical Center Dr. #106
Murrieta, CA 92562
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OFFICE FINANCIAL POLICY

We are committed to providing all our patients with the best possible medical care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefit. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

ALL PATIENTS: The patient is responsible for all services rendered regardless of insurance coverage. The full responsibility of payments rests with YOU.

CASH PATIENTS: All services are rendered on a cash basis and must be paid in full at the time of service. Financing and financial assistance is available.

PRIVATE INSURANCE: We must have a fully completed and signed insurance form at the time of service. If you cannot supply us with all the necessary billing information, your account will be handled the same as a cash patient. Deductible and co-payment amounts are due at time of service.

PPO: We must have a copy of both sides of your insurance card on file. All co-payments are due at time of service.

HMO: Unless Dr. Pillai is your primary care physician it is your responsibility to have a referral each time you are seen. Without a referral you have NO insurance coverage. Without a referral you will be responsible for the charges should you HMO deny payment. Co-payment must be made at the time of registration.

Amounts which are over 60 days past due by an insurance company are immediately due from the patient. Amounts which are over 90 days past due are subject to collection procedures which could include small claims court or a 1-1/2% service charge per month on the unpaid balance. Accounts sent to a collection agency will include an additional \$10.00 transferring fee.

If at any time you should experience financial hardship, please make this office aware of the situation. We are always willing to make special arrangements for those patients who need extra help. If you need to make arrangements, please ask to speak with the office manager.

I have read and understand all of the above.

Patient or responsible party signature

Date