



## PATIENT FINANCIAL RESPONSIBILITY FORM

Thank you for choosing Optimal Health & Wellness (OHW) as your healthcare provider. We are honored by your choice and are committed to providing you with the highest quality healthcare. We ask that you read and sign this form to acknowledge your understanding of our patient financial policies.

### ***Patient Financial Responsibilities***

- The patient (or patient's guardian, if a minor) is ultimately responsible for the payment for his or her own treatment and care.
- We are pleased to assist you by billing for you as an "Out-of-Network" provider. If time allows, OHW will attempt to contact and verify coverage for you prior to your visit as a courtesy. However, it is not always possible to do so. The patient is required to provide us with the most correct and updated information about his or her insurance, and will be responsible for any charges incurred if the information provided is not correct or updated. We will not accept insurance if patient's address or information is not updated at the time of visit.
- Certain insurance companies such as Blue Shield, Anthem Blue Cross, Blue Cross/Blue Shield may send the patient directly a check for insurance reimbursement for services provided at OHW. Please be sure your address on file is updated so you can receive letters from your insurance company. In this event, it is the patient's responsibility to return the reimbursement to OHW. It is also the patient's responsibility to include the Explanation of Benefits (EOB) with the reimbursement to OHW. Failure to do so may result in the patient being billed for services rendered.
- If the Explanation of Benefits (EOB) and reimbursement checks are not brought to OHW within 90 days of receipt, a collections agency will be placed on the patient.
- Patients are responsible for the payment of copays, coinsurance, deductibles, and all other procedures or treatment not covered by their insurance plan. Payment is due at the time of service, and for your convenience, we accept cash, check, and most major credit cards at our office. For patients with financial hardship, we offer payment plans such as CareCredit application.
- Patients may incur additional charges at the discretion of OHW. These charges may include (but are not limited to):
  - Charge of \$34 for returned checks.
  - Charge of \$25 for missed appointments without 24 hours advance notice
  - Charge for extensive phone consultations and/or after-hours phone calls requiring diagnosis, treatment, or
  - Prescriptions and/or supplements.
  - Charge of \$0.50 per page for the copying and distribution of patient medical records.
  - Charge for extensive forms completion.
  - Any costs associated with collection of patient balances.

### ***Patient Authorizations***

- By my signature below, I hereby authorize OHW and the physicians, staff, and hospitals associated with OHW to release medical and other information acquired in the course of my examination and/or treatment (with the exceptions stipulated below) to the necessary insurance companies, third party payors, and/or other physicians or healthcare entities required to participate in my care.
- By my signature below, I hereby authorize assignment of financial benefits directly to OHW and any associated healthcare entities for services rendered as allowable under standard third party contracts. I understand that I am financially responsible for charges not covered by this assignment.
- By my signature below, I authorize OHW personnel to communication by mail, answering machine message, and/or email according to the information I have provided in my patient registration information.

**I have read, understand, and agree to the provisions of this Patient Financial Responsibility Form:**

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Signature of Patient or Guardian

Date

### **Waiver of Patient Authorizations**

I do not wish to have information released and prefer to pay at the time of service and/or to be fully responsible for payment of charges and to submit claims to insurance at my discretion.

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Signature of Patient or Guardian



## CANCELLATION AND MISSED APPOINTMENT POLICY

At Optimal Health & Wellness, our goal is to provide quality individualized medical care in a timely manner. In order to do so, we have had to implement an appointment/cancellation policy. This policy enables us to better utilize available appointments for our patients in need of medical care. "No-shows" and late cancellations inconvenience those individuals who need access to medical care in a timely manner. As a courtesy, we agree to confirm your appointment by an automated reminder email/call to your primary phone number one day before your scheduled appointment. You will at that time have the opportunity to cancel, confirm, or submit a request to have someone from the office contact you to reschedule.

### How to Cancel Your Appointment

If it is necessary to cancel your scheduled appointment, we require that you call at least **24 hours in advance**. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely medical care.

To cancel appointments, please call 626-551-5155 or 626-788-0023 or email us at [opthealthwellness@gmail.com](mailto:opthealthwellness@gmail.com) or [optimalpasadena@gmail.com](mailto:optimalpasadena@gmail.com). If you do not reach the receptionist, you may leave a detailed message on our voicemail. If you would like to reschedule your appointment, please leave your phone number and we will return your call as soon as possible. Late cancellations will be considered as a "no-show".

### No Show Policy:

A "no-show" is a missed appointment without 24 hours' notice. A failure to be present at the time of a scheduled appointment will be recorded in your medical record as a "no-show." If you are more than 15 minutes late without communication to the office it will be considered as a "no-show." If you are scheduled to see more than one provider for the day, the fee applies per provider. (*ie. If you see two providers and miss the appointment, the fee will be  $\$25 \times 2 = \$50$* )\*

- **First missed appointment "no-show", or cancellation with a reasonable excuse: there will be no charge.**
- **Second missed appointment "no-show": \$25 fee will be billed to your account and must be paid prior to your next appointment.**
- **Third missed appointment "no-show": \$50 fee will be billed to your account and you may be discharged from our practice.**

I hereby acknowledge that I am aware and accept the financial responsibility for fees assessed to my account for failing to provide a 24 hour cancellation notice of any scheduled appointment at Optimal Health & Wellness. **I understand that this fee is not reimbursable by my insurance carrier.**

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Signature of Patient or Guardian

Date

\*Fees may be waived at the discretion of the provider.