

Katherine E. Chou, DPM

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OFFICE FINANCIAL POLICIES

Medical Records

Your medical records are available to you upon written request. We charge a small administrative fee of \$10 to create a disc of all medical records, including a second disc for x-rays. Please note that we can only provide you with the records generated by Dr. Chou's office.

You may request to have your records shipped to you or an authorized party for an additional \$10 shipping fee. For security reasons, we send the records via FedEx only.

Payment of Benefits to the Physician/Provider

Dr. Chou has agreed to accept Medicare and/or certain Health Insurance for payment of your medical bills. You authorize Dr. Chou and her business associates to submit claims to Medicare or your Health Insurance on your behalf. You also authorize payment of Medicare or Health Insurance benefits to be sent directly to Dr. Chou. By your signature below, you acknowledge and understand that you are fully responsible for any yearly deductible and/or coinsurance balance after Medicare or your Health Insurance has paid Dr. Chou. You understand that you are financially responsible for any charges that are not covered by your Health Insurance. You are responsible for understanding your medical coverage prior to receiving treatment from Dr. Chou. If you fail to give updated or current information and the claim is denied, you will be totally responsible for the entire balance.

Method of Payment

Payment is required at the time service is rendered. Please present your insurance card(s) to our office staff for scanning and verification of benefits. You will be responsible for any copay or coinsurance amount at the time of your visit. In the event your check is returned for any reason, your account will be charged \$25. In the event it is necessary for your account to be placed with an outside collection agency or attorney, you will be assessed an additional 30% of the balance to recover the collection charges. We file your medical insurance as a courtesy. If your claim is not paid within 90 days, the claim will be transferred to patient responsibility. If timely payment is not received, the account may be referred to a collection agency or attorney.

For your convenience, we accept cash, personal checks, MasterCard, Visa, American Express and Discover.

Appointment and Cancellation Policy

Dr. Chou's office will collect your credit card information over the phone or in person in order to secure your appointment. Your card will be charged \$25 in the event that you miss your appointment or cancel/reschedule your appointment with less than 24 hours notice. You will ALWAYS be notified before your card is charged.

We are happy to provide you with a paper copy of the office financial policy upon request.