

Jocelyn B. Craig, MD  
2840 Long Beach Blvd., Suite 230  
Long Beach, CA 90806  
562.426.4904

## FINANCIAL POLICY

We are delighted that you have entrusted your care to Dr. Jocelyn B. Craig and staff. We look forward to helping you reach your health care goals.

Our practice believes that a good physician/patient relationship is based upon understanding and open communication. To that end, the policies outlined below are intended to provide understanding of our mutual expectations regarding our financial guidelines of Dr. Jocelyn B. Craig. We trust you will find this information helpful.

Overview of our Respective Financial Responsibilities:

**Dr. Jocelyn B Craig's Responsibility** – To post charges and payments accurately. To process claims and statements to the responsible party based upon the information available to us. This includes direct insurance billing and patient billing for the remaining balances. To provide accurate financial counsel to patients who contact our billing department.

**Uninsured Patients** – Payment is due at the time of service for all services. We accept cash, checks and most credit cards, except American Express.

**Patient's Responsibility** – To assure that Dr. Jocelyn B. Craig and her staff are provided with the most current insurance information and/or current insurance card. It is your responsibility to know your insurance plan and benefits. Please verify your insurance coverage prior to being seen.

We will bill your insurance company. Any co-payment, co-insurance and/or unmet deductible will be due and collected at the time of service. If the insurance that you have provided to us does not pay within 45 days, you will be responsible for the bill. Payment is due upon receipt of your bill. A 12% finance fee will accrue for all balances over 60 days past due. The finance fee will continue to accrue until balance is paid in full.

**Surgery Charge** – We will verify your insurance prior to your surgery. Anticipated deductible and co-insurance must be paid prior to the scheduled surgery date.

**Lab Tests and Other Charges** – If your visit includes lab tests, biopsies, pap smears, cultures, etc., you will receive a separate bill from the lab.

**Additional Forms** – There will be a fee to complete any work, disability and other patient requested forms.

**Missed/Canceled Appointments** – There will be a \$50.00 fee for a New Patient that cancels or reschedules less than 36 hours in advance of their appointment. There will be a \$25.00 fee for established patients if they cancel or reschedule less than 36 hours in advance of their appointment.

**Minors** – The parent/guardian of a minor seen in this practice is responsible for payment in full.

We thank you in advance for your review and understanding of our financial policies.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_