



Patient Name: _____

RMA of Northern California Financial Policy:

RMA of NorCal goal is to keep our patient informed by providing clear and concise information about our billing policies. Please note that as the patient you are responsible for any partner or dependent being seen as part of your treatment. Please read and sign/initial below. Our Finance team is available from 6:30AM to 3:00PM Monday thru Friday, should you have any questions or need any additional information.

1. RMA of NorCal is committed to helping you understand your coverage and benefits but any financial obligations for all services rendered are ultimately your responsibility. RMA of NorCal will do its best to verify your insurance benefits however we are not responsible if your insurance provides incorrect information, resulting in unexpected out of pocket expenses. We encourage you to call your insurance and verify your benefits as well.
2. If you or your partner's plan requires a referral, you are responsible for obtaining initial and subsequent referrals. Please keep track of referral expiration dates and number of visits allowed and used on your existing referral so you know when a new referral is needed.
3. If you have participating insurance plan that includes a specialist copay, copays are due at the time of service. **If you fail to pay your copay at the time of service, you will be assessed a \$10 administrative fee for each missed copay.**
4. If you do not have insurance, have non-participating plan or if you are having services that are not covered under you participating plan, payment in full is due at the time of services unless the service is part of a cycle that has been paid in full, up front. **If you fail to pay at the time of service, you will be assessed a \$10 administrative fee for each date that payment was not made.**
5. Patient balances are billed immediately upon receipt of your insurance plan's explanation of benefits. Remittance is due within 30 days.
6. Unless alternate payment arrangements are made with our finance department, any account with a balance older than 90 days will be referred to collections. If this occurs, RMA will assess an additional administration fee to offset the cost of collections. Please speak with your financial coordinator for more information.
7. You are responsible for notifying staff of any demographic or insurance changes. Failure to do so may result in charges becoming your responsibility regardless of insurance coverage.
8. A \$35 fee will be applied to your account for any checks returned for insufficient funds.
9. RMA of NorCal reserves the right to require payment of outstanding balances before scheduling follow up or return patient visits.
10. RMA of NorCal will bill claims to your insurance with the most appropriate diagnosis code, as determined by your doctor. If your insurance does not cover services due to that diagnosis, you will be responsible for all denied or non-covered charges

Your signature below indicates you have read, understood and agree to comply with the policies listed above. We thank you for your cooperation and encourage you to contact our finance department with any questions.

Patient Signature: _____ **Date:** _____