



Regional Hand Surgery Associates
Regional Hand Center of Central California
2139 E Beechwood Ave
Fresno, CA 93720
(559) 322-6600
(559) 322-4625 fax

Regional Hand Center of Central California

Assignment of Insurance Benefits and Financial Policy

As a courtesy to our patients, we will bill your primary insurance carrier and secondary insurance if applicable. Ultimately, it is the patient/guarantor's responsibility to understand their policy, and accept financial responsibility for services rendered.

I, _____, as the patient/responsible party, hereby authorize payment for services rendered to be made directly to Regional Hand Center of Central California and its associated physicians.

I understand that the balance of my account is DUE IN FULL within 45 days of my appointment date. If my insurance carrier has not remitted payment within this time frame, I will pay the balance due. This also applies to any charges not covered or paid by my insurance carrier, regardless of in network or out-of-network contractual status. Our office does not accept HMO's or health exchange policies. If you are an HMO patient and wish to be treated, you may receive treatment on a cash basis. We also do not accept MediCal.

Private Insurance Holder:

I agree to pay my co-pay and insurance deductible at the time of check-in. If I have to be billed for such co-pay I will be charged a \$25.00 service charge, in ADDITION to my original co-pay amount.

Signature of Guarantor/Patient_____ Date___/___/___

Relationship to Patient_____

If I do not have medical insurance, or cash pay in lieu of my non-contract insurance, or I am being treated for cosmetic procedures, all services will be pre paid at the time they are rendered.

Signature of Guarantor/Patient_____ Date___/___/___

Relationship to Patient_____