

DORDANEH MALEKI, MD, LLC
PAYMENT POLICY DISCLOSURE
(609) 927-3888

Revised 1/18/16

We appreciate the opportunity to provide your medical care and ask your cooperation with our payment policy. We participate in most major health insurance plans, however, should you have any questions regarding specific participation, please call the member services number located on your insurance card.

Payment is required at the time of your office visit including co-pays, balance payment, non-covered services or self-pay services.

Payment may be made by cash, credit/debit card (Visa, Master Card or Discover). **We do not accept checks.** A paid receipt will be provided to you for your submission to your insurance carrier for reimbursement. If you are covered by any of the insurance carriers with which we participate, we will bill directly to your carrier provided that:

1. It is a covered service
2. Co-payments (if any) are met
3. Deductible (if any) are met
4. **If required by your insurance carrier, an authorization (referral) form is presented to the office at the time of your visit.**

NOTE: As Dr. Dordaneh Maleki is a Specialist, ALL HMO patients must have a referral from their primary care physician. It is the patient's responsibility to ensure that referral has not expired and has additional visits remaining. In all case, with or without insurance coverage, the patient or patient's guardian is ultimately financially responsible for the fees incurred in their medical care with DR. DORDANEH MALEKI, MD, LLC.

Patients requiring procedures: Upon scheduling a procedure, our staff will contact your insurance carrier for pre-certification/authorization. We recommend that you contact your insurance company as well so that you know what your benefits include and what, if any, out-of-pocket expenses you may incur.

For commercial insurance and Medicare with no secondary coverage, a credit card payment authorization is required at the time of your visit.

After payment is received from your insurance carrier, any remaining balance will be charged to credit card on file.

Any balance is due within 30 days from receipt of your billing statement.

NAME: _____ DATE: _____

SIGNATURE: _____