

Excellence Medical Group, Inc
755 N Irwin St.
Hanford, Ca 93230
Office: 559-585-1200
Fax: 844-570-7675
excellencemedicalgroupinc@gmail.com




Dr. Eric Sorenson, Medical Director
Ronnelle Daulton, FNP
AARON CAGLE, FNP-BC


Payment Policy/HIPPA Notice of Privacy Practices


Insurance Holders:

If you have health insurance, your insurance card and a form of identification (i.e., driver's license with picture) must be presented on the first visit and other visits when deemed necessary by front office staff. Every attempt on our part will be made to ensure your insurance plan is billed properly and in a timely manner. If you have a medical deductible, you will be responsible for any charges incurred during your visit and are applied to your plans deductible, if you have insurance changes, please notify us immediately. If you have any questions regarding your billing please inquire with office staff, if they are unable to assist they will forward it to our billing company. For children of divorced parents: The parent whom brought the minor child in for the visit is responsible for the charges/co-pay incurred that day.

 **A NO SHOW OR LATE FEE IS \$75.00**, if you need to cancel or will not be able to make the appointment, you must call 24 hours in advance to cancel/reschedule. Our policy requires our patients to arrive 15 minutes early for regular office visit; all physical appointments must arrive 30 minutes before appointment time. (We tell you the early arrival time when scheduling)

 **ALL TELEMED/PHONE CALL VISITS** have a service fee of \$25.00 along with any co-pay and/or account balance and will be collected before visit.

 **RETURNED CHECKS HAVE A FEE OF \$25.00** in addition to the original amount of the check, after the first returned check the patient will no longer be able to write checks at this office.

 **DISABILITY, FMLA, OR ANY OTHER TYPE OF PAPERWORK** that needs to be filled out by the provider has a fee of **\$50.00** for each item.

**ALL COPAYS/BALANCES/FEES ARE DUE AT TIME OF VISIT
NO EXCEPTIONS**

MAKE CHECKS PAYABLE TO: EXCELLENCE MEDICAL GROUP INC

Your signature below indicates that you have read the above policy and agree that you are ultimately responsible for any healthcare cost not covered by your insurance. Any balances that are over 90 days old will be referred to Kings Credit Collections Services in Hanford, CA

 Print Name: _____

 Signature: _____ Date: _____