



Rancho Sierra Medical Group, Inc.  
Post Office Box 2368  
Mammoth Lakes, CA 93546

phone 760.934.3424  
toll free 800.959.RSMG (7764)  
fax 760.934.3425

www.rsmghealth.com

Mammoth Lakes  
 San Diego

## *Financial Policies*

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Our charge for services may include the following:

1. Meeting with you, providing an initial evaluation, and developing a treatment plan.
2. Reviewing previous medical records
3. Evaluating lab test results and results of your physical exam
4. Communicating with other health care providers involved in your care, with your permission.
5. Meetings or discussions with relatives or significant others, with your permission.
6. Time spent with your insurance company, including writing letters, to help you get reimbursed.
7. Documentation in your medical record.
8. Reviewing and adjusting medication prescriptions.
9. Answering phone calls from you, your relatives, or others involved in your care, with your permission.

As you can see, meeting with you is just a small part of what is needed to co-ordinate your treatment. We are happy to be available to you and anyone else involved with your care, but please note that there may be an extra charge for extensive time on the phone (over 10 minutes), writing or reviewing medical legal reports, completing forms or documents requested by you, or responding to e-mails that require more than a few minutes of time. There may also be an additional charge for copying your medical records. The amount will vary depending on the extent of copying requested, and will be at the discretion of RSMG, Inc.

We accept patients from most insurance companies including Medicare. Unfortunately, we do not accept HMO insurance or MediCal patients. If you have an HMO plan or Medi-Cal insurance, and choose to seek care at Rancho Sierra Medical Group, you will be considered a cash patient. Worker's compensation cases will be seen on a referral basis only.

As a courtesy to you, we will file an insurance claim with your primary insurance, if not an HMO. Whether we participate with the plan or not, you are responsible at the time of service for payment of your annual deductibles, co-payments, and charges for cash, non-covered, and cosmetic services. Please contact Ms. Tamela Vaughn at our business office, Practice Development Strategies (619) 757-2200, for any billing or insurance-related questions.

Routine physical examinations and preventative medicine consultations are generally NOT covered by insurance plans. Similarly, some procedures or lab tests may also not be reimbursed by your insurance company if deemed "for screening purposes". Payment for these visits will, therefore, be required in full at the time of service. We will provide you with the documentation necessary to submit to your carrier for reimbursement, if applicable. You should discuss the cost for these evaluations with us when scheduling your appointment, so there will be no misunderstanding upon completion of the visit.

(OVER)



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Most cosmetic procedures are also not covered by insurance, and payment in full will be required at the time of service. We do not offer an installment plan. The price may vary depending upon several factors, and again, we encourage you to discuss pricing when you schedule your appointment. **We do not bill for cosmetic procedures.**

For your convenience, we accept credit card payment with Mastercard, VISA, and American Express. Personal checks are also welcome, although there may be a fee for returned checks.

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If your insurance allows you the option of choosing between a POS (Point of Service), PPO (Preferred Provider Organization), or HMO (Health Maintenance Organization) for payment of professional services to Rancho Sierra Medical Group, Inc., you have agreed to use your POS or PPO and are prepared to pay all applicable co-pays, deductibles, and/or overage charges pertinent to professional services provided by us.

The above will remain in force until changed in writing within 90 days notice by the patient and agreed to by Rancho Sierra Medical Group, Inc and/or their staff.

\_\_\_\_\_ I accept the above policies and have received a copy of them.

\_\_\_\_\_ I accept the above policies and have declined my own copy of them.

Patient Name (Print): \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your interest in our practice. We look forward to serving you.