

Susan M. Morrison, M.D.
Obstetrics & Gynecology



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Phone 323-933-6330
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To Our Valued Patients:

Our Practice is committed to providing you with the highest quality of patient care. The following is a statement of our financial policy, which we require that you read & sign prior to any treatment being rendered.

Appointment Policy

We strive to remain on schedule but please understand as an OB/GYN office emergency do arise from time to time. With that being said there is no guarantee that Dr. Susan M. Morrison will be available at the time of your appointment if she needs to run to the hospital in regards to her obstetric patients. We will make sure to notify you as soon as possible and reschedule your appointment as in a timely manner. Out of consideration to our patients who have scheduled appointments, we do not see “walk-ins” but will accommodate and schedule same day appointments for urgent care, as needed. Please call ahead to schedule an appointment so that we can give you the proper attention that you deserve. If you are more than 15 minutes late for your scheduled appointment, you may be rescheduled. This is in consideration of our patients who have appointments.

Office Financial Policy

Cash Patients:

If you do not have a valid insurance plan to cover the costs of our services you will need to make full payment at the time of service. We do have discounted prices please make sure to ask the front desk in regards to them. We accept cash, checks or credit cards (*Visa & MasterCard only)

Medicare Patients:

We are not contracted with Medicare and an Advance Beneficiary Notice must be sign at the time of visit along with payment of \$230 for your Annual Well Woman Exam.

Contracted Insurances:

We are contracted **PPO** Providers with Anthem Blue Cross, Blue Shield and Cigna. If there are any changes to our contracts with these insurance carriers we will notify you when making your appointment over the phone or at the time of your visit when verifying your insurance card. You are responsible for your contracted portion of reimbursement or co-payments at the time of your service.

Out of network Insurances:

At the time of your visit you will need to pay the charges for the services rendered and we will submit the claim along with your payment as a courtesy to you. Your Insurance carrier is then responsible for reimbursing you directly and/or notifying you in the form of an Explanation of Benefits correspondence (EOB).

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Collections:

Generally, our billing statements are sent out every 30 days. After your insurance company has paid their portion of the claim, you will receive an explanation of benefits from them that will explain what they have paid, and also indicate what portion is your responsibility. Often these may be any co-payments, which we may have already collected from you. If there is any additional amount not covered you will receive a bill from our office.

In the case of **Annual Well Woman Exams** we tend not to collect co-payments because as of January 2014 annual exams are covered at 100% unless your specific plan is different for the New Year you will be billed after words for any remaining balances.

We will make various efforts to collect on any balances on your account for up to 90 days. After that time your account may be turned over to a collection agency, which will ultimately have an impact on your credit history.

Returned Checks:

There will be a \$25 fee for any checks returned by our bank.

Print Name: _____

Signature: _____

Date: _____