



# Eric G. Levy Medical Corporation

Family Medicine

Phone (805) 922-2119 Fax (805) 349-8283

**Workers Compensation:** We do not see work related injuries. You must see the Workers Compensation health care provider that your employer's policy is affiliated. If you are covered by a worker's claim it is your responsibility to know the specific diagnosis codes they use for their services. If we accidentally use one of those codes and bill your insurance company for a regular visit, it may be possible that the visit may not be covered and the charges would be the patients responsibility.

**Non-Covered Benefits:** Any professional fees that are not covered by insurance or the CCF (care coordination fee) will be due at the time of service.

**Phone calls:** We are a very full and busy medical office. We apologize in advance for the inconvenience if you get a busy signal during your call. If possible, we encourage the use of the patient portal. It is secure and your message is documented and assigned to a staff member who will respond back. Other staff members can also see the messages and help with the overflow, unlike a telephone call.

**Physicals:** Just a reminder, your annual physical exam is a time for you and Dr. Levy to discuss preventative health testing and age specific health guidelines. Discussion of new health problems should be reserved for another appointment. If Dr. Levy does address a new problem during your preventive physical exam, you may be charged a separate fee.

***By Signing my name below, I certify that I have read this document. Any questions concerning these policies have been discussed. My signature also certifies my understanding of, and agreement with the Eric G. Levy Medical Corporation office policies.***

- I verify that I am fully responsible for the fees and medical services provided by Dr. Levy.
- If Medical services provided by this office are deemed ineligible by my insurance, I am responsible for the full cost of the services.
- I understand that my balance, including any co-pays or prior balance, is due at the time of service and agree to pay in full any balance within 45 days of the statement date.
- I understand that charges on my account are deemed correct unless I notify the billing manager within 30 days.
- I understand that patient balances over 60 days past due from statement date will be sent to Collections.
- I understand the Care Coordination Fee is due at the time of service and annually thereafter, and is not covered by insurance.
- I understand I may be charged a \$100 no-show fee if I fail show up for my scheduled appointment.

\_\_\_\_\_  
*Patient Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

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