

Pendurthi Surgical Associates, LLC

General Surgery & Surgical Oncology

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Diplomate American Board of Surgery - Fellow, Society of Surgical Oncology

Financial Policy

We are committed to providing you with the best possible health care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

Your insurance is a contract between you, your employer and/or the insurance company.

We need to make copies of your insurance cards for our file and to verify coverage. Not all services are a covered benefit in all contracts. We suggest that if you need clarification to call your insurance company.

We do offer the courtesy of billing the insurance company for you, however, many insurance companies do not pay for office visits, or consultations and may charge co-pays and deductibles, therefore you will be billed accordingly. If we do not receive payment within 45 days of the date the bill was submitted you will be notified. While the filing of insurance claims is a courtesy that we do extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we do encourage you to contact us promptly for assistance in the management of your account.

If you have secondary insurance and if a card is provided, we will submit to that insurance one time, however if a payment is not made by the insurance company it is the patients responsibility to make additional submissions for payment.

If a referral form is required for your office visits and or procedures, it is your responsibility to have this referral at the time of your visit. We do not take responsibility for any bills incurred if a referral was not obtained.

I understand and agree that, (regardless of my insurance status), I am ultimately responsible for the balance on my account for any professional services rendered.

Signature

Date