

WEST COAST CENTER  
FOR ORTHOPEDIC SURGERY  
AND SPORTS MEDICINE

**FINANCIAL POLICY**

We appreciate the opportunity of participating in your medical care. Your health is our concern. Our financial policy as set forth below is designed to allow us to offer the best medical care to all of our patients. With this in mind, we thank you in advance for adhering to the following terms.

The usual charge for an initial comprehensive examination is \$250.00. Thereafter, a copayment and/or a percentage payable, as stated by your insurance policy, will be expected at the time of each visit. If you have not met your deductible however, then payment in full will be expected until your deductible is met. Thereafter your copayment/percentage will apply. If your insurance company refuses to divulge your deductible status, we will assume your deductible is not met unless you provide us with written proof that it is met, such as a copy of an explanation of benefits.

As a courtesy to you, we will bill your insurance company at no charge. However, we do ask that you provide complete and accurate insurance information as requested on the Patient Information sheet, which you complete at your first visit. It is your responsibility to update us regarding any change in that information and we may periodically ask you to complete a new form.

Once payment is received from your insurance company, we will bill you for any remaining balance due. If the insurance payment results in a credit balance and you are still receiving treatment, it will be applied to your account. If you have completed treatment, a refund check will be mailed to you.

If we experience undue delay in payment by your insurance company (beyond 45 days from the date of submission) we may ask you for full or partial payment and/or ask that you promptly follow-up with your insurance company to obtain expedited payment. If you have secondary insurance coverage, we will also bill them for you for the balance due after your primary insurance has paid.

If you are involved in an automobile accident and have "med pay" coverage, we will bill them directly until benefits have been exhausted. We can then bill your private health insurance for any dates not exceeding one year from time of submission or you can continue on a cash basis.

Please understand that your insurance coverage involves a contract between you/your employer and the insurance company and we are not a party to that agreement. West Coast renders service directly to you. Therefore, regardless of any insurance coverage (except Workers Compensation & Training to Win), you are personally responsible for all charges.

For your convenience we accept payment by cash, check or credit card.

If you are unable to meet these terms, or if you have any questions, please contact me at (310) 416-9700 to make other arrangements or have your questions answered. You will be asked to sign a financial agreement reflecting any special terms we agree upon.

Please sign and date below to indicate that you understand and agree to the foregoing terms.

Sincerely,

WEST COAST CENTER/KEITH S. FEDER, MD INC.

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SIGNATURE

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DATE