

Mark J. Sontag, M.D.  
*Sports, Spine and Electrodiagnostic Medicine*  
Diplomate, Board of Physical Medicine and Rehabilitation  
Diplomate, American Association of  
Neuromuscular & Electrodiagnostic Medicine  
Qualified Medical Evaluator

Susan G. Kritzik, M.D.  
*Physical and Occupational Medicine*  
Diplomate, Board of Internal Medicine



David F. Smolins, M.D.  
*Interventional Pain Medicine*  
Diplomate, American Board of Anesthesiology  
Elaine S. Date, M.D.  
*Musculoskeletal, Spine and Electrodiagnostic Medicine*  
Diplomate, Board of Physical Medicine and Rehabilitation  
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Neuromuscular & Electrodiagnostic Medicine  
Diane Hafner, D.C.

363 Main Street #C • Redwood City, CA 94063 • Telephone: 650.306.9490 • Fax: 650.306.0250 • www.remedydocs.com

## FINANCIAL POLICY

The following information will assist you in understanding the payment policy for services rendered by Remedy Medical Group. The responsibility for payment rests with you, consistent with your insurance plan. We appreciate your payment at the time of your service. Our staff is available to assist you with any questions or concerns you might have.

### INSURANCE POLICY

Please bring your insurance cards to the office with you. We suggest you call your insurance company (or go online) and check your benefits prior to your appointment. This will familiarize you with your insurance do's and don'ts. Insurance plans vary and may cover anywhere from 0 to 100 percent of your medical costs.

### NON- CONTRACTED INSURANCES

If we are not a member of your insurance, please determine if you have "OUT OF PLAN BENEFITS". ***Should you have out of plan benefits, we will require 50% payment of your first visit and 25% payment of your follow up visits due at the time of service. This serves as a DEPOSIT towards what will be ultimately owed. For BlueCross 50% payment is required for ALL visits. For Bluecross/Blueshield 100% is required for all visits, your insurance company will reimburse you directly.***

### PPO INSURANCE

We will bill your insurance company. You will be responsible for your deductible and co-payments. See above regarding "OUT OF PLAN BENEFITS"

### HMO

We are not HMO providers. This is a self pay policy and payments are required when services are rendered.

### MEDICARE

We accept assignment and will bill Medicare and your secondary insurance carrier. You will be responsible for your appropriate percentage of the bill if you do not have a secondary insurance.

### WORKERS COMPENSATION

We will bill your carrier. If your injury is deemed not work related, you will be responsible for the services rendered.

### AUTO INSURANCE/ SELF PAY POLICY

We do not accept any auto insurance, this is a self pay policy. Payments are required when services are rendered. We will give you a copy of the charges for reimbursement directly to you.

### MEDI-CAL

We do not accept Medi-cal insurance.

Please feel free to discuss any aspect of this policy with the doctors or staff.  
Thanks for your cooperation

***PAYMENT(S) BY CHECK, VISA, MASTER CARD OR CASH***

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Date: \_\_\_\_\_

Patient Name (please print) : \_\_\_\_\_

The above named patient has received a copy of Remedy Medical Group's financial policy and the HIPAA privacy practice policy.

Patient has been informed that we cannot guarantee patients insurance will cover today's appointment. As a courtesy, Remedy Medical Group will bill patients insurance for amounts indicated on the financial policy. Workman's Compensation will be billed the entire amount. Patient will be responsible for any balance not covered by insurance.

\*There is a \$30.00 no show fee for all private insurance patients.

\*There is a \$75.00 no show fee for all EMG/NCV.

\*Workman's Comp. patients with excessive no-shows will be subject to discharge.

Signature : \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Or parent/guardian signature

Witness Signature : \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_