

Renee L. Sato MD, LLC
Queen's Physician's Office Building 1
1380 Lusitana Street, Suite 504
Honolulu, Hawaii 96813

Payment Policy

Thank you for choosing us as your health care provider. We are committed to providing you with the best possible care. This Payment Policy has been developed to help you understand your financial obligations and responsibilities. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

1. Insurance. We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

2. Co-payments and deductibles. All co-payments and deductibles are payable at the time of service. This arrangement is part of your contract with your insurance company. Please help us in upholding the law by paying your co-payment at each visit.

3. Non-covered services. Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.

4. Payment. We accept CASH, CASHIER'S CHECK, MONEY ORDER, CHECK, VISA, and MASTERCARD. A \$20.00 fee will be assessed for any bounced check in addition to any bank fees. We are unable to accept any personal checks greater than \$75.00. If you do not have insurance, full payment is due at time of visit.

5. Proof of insurance. Before seeing the Doctor, all patients must complete our Registration Form, and provide a picture ID and current insurance as proof of insurance. If you fail to provide us with the correct insurance information, you may be responsible for the balance of a claim.

6. Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

7. Coverage changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in a timely manner, the balance will automatically be billed to you.

8. Nonpayment. If your account is over 90 days past due, we may refer your account to a collection agency and you will be responsible for all fees associated with the referral. Furthermore, you may be discharged from this practice. If this is to occur, you will be notified by mail that you have to find alternative medical care.

9. Missed appointments. As a courtesy to others, if you are unable to keep your scheduled appointment, please notify us at least 48 hours in advance. We reserve the right to charge for missed appointments not cancelled 48 hours prior to appointment time. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

Our practice is committed to providing the best treatment to our patients. Thank you for understanding our Payment Policy. Please let us know if you have any questions or concerns.

A photocopy of this Payment Policy shall be considered as effective and valid as the original.

I have read and understand the Payment Policy and agree to abide by its policies:

Signature of patient or responsible party

Date

Print name of patient or responsible party

Patient Name _____
(Last) **(First)**