

Sara J. Reinganum, MD, FACS
Board Certified General Surgeon
Specializing in Breast & Abdominal Surgery

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PATIENT FINANCIAL RESPONSIBILTY INFORMATION

Your insurance policy is a contract between you and your insurance company. Professional care is provided to you, our patient, and not to an insurance company. Any deductible, coinsurance or co-pay is due at time of service. There will be a \$20 statement fee added to all unpaid co-pays.

Appointment Cancellation Policy: If you are unable to keep your appointment, kindly give us 24 hours notice. Your appointment time can then be made available to a patient on our wait list. If notice of cancellation is not received, you will be charged a \$50 missed appointment fee. This charge is not covered by your insurance and will be due prior to rescheduling your next appointment.

Surgery Cancellation Policy: Please understand that surgery times are precious. In the event you are unable to proceed with surgery, please notify the office staff no later than three (3) business days prior to the surgery date. If you fail to do so, you will be charged a \$150 surgery cancellation fee. This charge is not covered by your insurance and will be due from you prior to rescheduling surgery.

Dual Insurance Coverage: This office abides by the California State insurance laws which govern coordination of benefits. We ask that you please provide us with all billing information for primary, secondary, and tertiary insurance plans.

Authorization & Assignment of Benefits: In the New Patient information packet is a “Release of Information” and “Assignment of Benefits” statement for you to sign. The “Release of Information” authorizes Dr. Sara Reinganum to release medical information to your insurance plan/medical group that may be needed to process/pay your claims. The “Assignment of Benefits” requests that insurance payments be made directly to Dr. Sara Reinganum and also acknowledges that you are responsible for payment if this assignment is not honored by your insurance.

Returned Checks: There is a \$25 service fee for all returned checks.

Forms Fee: We charge a forms fee starting at \$20 for completion of medical leave/disability forms and extensions. Please allow up to 5 business days for completion of forms.

I have read and understand the above policies and I agree to comply with them. I attest that all information given is true and accurate to the best of my knowledge.

Patient Signature: _____ Date: _____