

**FINANCIAL POLICY FOR SANTA BARBARA INTERNAL MEDICINE GROUP,  
INC**

The following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services.

**For Patients WITH Insurance:**

Your portion of the payment not covered by your insurance is due in full, within 30 days after insurance has paid.

It should be mentioned that your insurance coverage is an agreement between you and your insurer. We will bill your insurance for you, however in the event that your insurance company categorizes services rendered as "non covered" or "not medically necessary", you are responsible for payment in full.

Each month you will receive a statement for any charges which are your responsibility. These amounts are *due and payable within 30 days*.

**For Patients WITHOUT Insurance:**

Payment is due *at time of service* and may be made by cash, check or credit card.

**Finance Charge:**

*A finance Charge of 1-1/2% per month will be applied to accounts over 30 days past due.*

If you have any questions concerning this policy or need assistance, please contact ACCUQUIK (877) 245-2271 immediately.

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I have read and agree to the terms of your financial policy. I authorize the release of any medical information necessary to process my insurance claim(s). I authorize and request payment of medical benefits directly to my physician. *I fully understand that it is my responsibility to advise the Office Manager if my insurance requires preadmission review, authorizations, second opinions or any other special provisions which must be satisfied before payment by the insurance company can be made.*

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

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