



MALEK
M E D I C I N E

MALEK MEDICINE
Irene Malek MD | Mark Malek MD

3610 Atlantic Ave.
Long Beach, CA 90807
P:562-492-9288
F:562-595-9346

Malek Medicine Financial Policy

Thank you for choosing Malek Medicine for your medical care. We are committed to providing you with quality, personal health care, and appreciate your commitment to adhere to this Financial Policy Agreement. By understanding our policy, we can provide you with the best service. Agreement with this policy is required for all medical care. Except as indicated below, payment is required at the time services are provided unless other arrangements have been made in advance. We accept cash, personal in-state checks, Visa, MasterCard, Discover and American Express. There is a \$40.00 service charge for each returned check.

OFFICE HOURS

- Monday – Friday from 8:00am to 5:00pm
- As a courtesy to other patients, we request you arrive on time. If you arrive more than 15 minutes late for your scheduled appointment, you may be asked to reschedule.

INSURANCE

- We participate in most managed care plans and will bill your insurance plan as determined by our contract with each given plan. Copayments, deductibles, and coinsurance amounts are due at the time of service.
- If we do not participate with your managed care plan, payment in full is required at the time of service, unless other arrangements have been made in advance.
- Knowing your insurance benefits – including eligibility, covered benefits, and medically necessary procedures – ***is your responsibility.***
- Please contact the customer service department at your insurance company for questions you may have regarding your coverage.
- You are responsible for any charges not covered by your insurance plan.

Proof of Insurance

- Please notify us of any changes in your insurance coverage prior to your appointment. Insurance denials for termination of coverage will be automatically billed to you.
- You must furnish valid and up-to-date proof of insurance coverage and a copy of your driver's license or other state-issued photo ID at each office visit.

Copayments, Deductibles and Coinsurance

- All copayments, unsatisfied deductibles and applicable coinsurance amounts must be paid at the time of service. By contractual law, your insurance company requires us to charge for, and you to pay for, all required copayments, coinsurance, deductibles and non-covered services.



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ADMINISTRATIVE SERVICES, CHARGES AND PATIENT RESPONSIBILITIES

Due to the continued decline in reimbursement from insurance companies and their failure to pay for the following services, we are no longer able to absorb the cost of these services. Therefore, the following administrative services will be billed directly to you with payment being your responsibility. Our practice is committed to providing the highest quality of service to our patients while keeping our charges for administrative services at or below the usual and customary charges of other medical practices in our area. All such administrative fees must be paid prior to scheduling future appointments.

Appointment Cancellations / Missed Appointments

Broken appointments represent not only a cost to us, but also an inability to provide service to others who could have been seen in the time set aside for you.

- We require **48 business hours** notice of cancellation to avoid a cancellation fee. The cancellation fee applies to new patients, follow up and nursing appointments.
- It is your responsibility to remember your appointment. Our office does a courtesy call a week in advance and a few days prior.
- Telehealth appointments are called the day of their appointment to check in and process copay. If the office has unsuccessful attempts to check you in or the doctor is unable to reach you, you will be considered a no show and will incur the \$50 fee.

Prescription Refills

Prescriptions for acute care or chronic conditions are written with an appropriate number of refills to complete the course of treatment or to last you until your next scheduled appointment.

- If you have not been seen in our office in over 3 months you will need an appointment for medication refill/reconciliation
 - Controlled medication refills are a charge of \$10 monthly
 - Prescription requests are to be called into your pharmacy and are filled within 48 hours
 - Prescriptions that are part of the controlled medication or diet clinic are to be called into our office or messaged to us using patient fusion.

Prescription Prior Authorizations

We will honor prior authorization requests from the patient, but the patient is responsible for contacting their insurance company to have them forward the prior authorization form to our office.

- A \$25 fee will be assessed for time to complete the prior authorization form. The fee must be paid before the prior authorization will be completed.
- The patient will need to ask their insurance plan what "alternative medications" are covered and provide a list to their Physician.



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Letters / Form Completion

- At the discretion of the Physician, letters and forms requiring medical review and physician signature are subject to a \$15 and up fee depending on paperwork and *must* be paid prior to forms being completed.

Requests for Medical Records

In accordance with California law, Malek Medicine requires written requests for the release of medical records.

- The administrative fee is \$45
- We do not charge to send to your specialist or to your new PCP
- If you are requesting your own personal medical records, you may download from your patient fusion account
- The office is authorized to release lab and imaging results once they have been reviewed with the doctor

FAILURE TO PAY

The practice provides patients who have delinquent financial accounts with a series of statements and collection notifications. Continued failure to respond to billing statements or make payments may result in the suspension of certain non-urgent services and ultimately dismissal from the practice. Please be advised that outstanding debts may be forwarded to a collection service where unpaid balances will be reported to the appropriate credit agencies.

I acknowledge that I have thoroughly read and understand the policies and procedures outlined in the Malek Medicine Financial Policy and will follow the guidelines set forth in the document.

Name of patient

Signature

Date