



Paula R. Dhandra, MD, FACOG, FACS
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PLAN OF PAYMENT

1. PAYMENT PLAN

Charges are due and payable at the time of service unless arrangements have been made with our office.

2. CASH PAY PATIENTS

You have been accepted as a patient with the understanding that all services will be paid for in cash.

If you decide to apply for Medi-Cal, you must notify our office and understand that we may refer you to another physician or clinic for treatment.

3. INSURANCE POLICY

If you have insurance, our staff will be pleased to assist you in completing your insurance claims. However, we cannot accept the responsibility of collecting or negotiating a settlement on disputed claims.

4. ASSIGNMENT OF INSURANCE BENEFITS

In consideration of services rendered, I hereby transfer and assign to Specialty Care & Surgery Center any benefits of insurance that I, or my family, may have. I understand that my insurance company and/or Medicare may not cover all charges and I will be responsible for balance due.

5. AUTHORIZATION TO RELEASE INFORMATION

I _____ hereby authorize Paula R. Dhandra, MD to release
insert your name
any information given in the course of examination and/or treatment to satisfy my claim.

Signature

Date