



Reut Ron Pagi, MD
8500 Wilshire Blvd. Ste 917
Beverly Hills, CA 90211
(310) 789-2058

Financial Policy (Effective February 1, 2024)

Thank you for choosing My 1st Clinic as your child's health care provider. The following is a copy of our financial policy. Patient care is not permitted without the written consent of receipt and acknowledgement of the understanding of this policy.

Payments:

Payment, in full, is due at time of service. This includes applicable co-insurance, co-payments, and payments for services not covered or denied by the insurance company. My 1st Clinic accepts cash, personal check, debit cards, Visa, Mastercard, Discover, and American Express.

Self-Pay Accounts:

If you do not have insurance and/or choose to proceed with self-pay, please come prepared to pay for your visit in full upon arrival. A price list of services is available upon request. We offer a 20% discount for all self-pay services paid in full on the day of the visit.

Credit Card on File/AutoPay:

In order to make sure that we can collect your portion of the bill once your insurance company processes the claim, we require that a valid credit card be kept on file with the practice. Your card will only be charged the outstanding amount that your insurance company determines to be 'patient responsibility', as spelled out in your Explanation Of Benefits (EOB). Once your card is charged, a receipt will be sent to you by email. If you would like to make arrangements to pay the amount by installments, please notify the office in advance.

Missed Co-Pays:

My 1st Clinic is required by our insurance contracts to collect all co-pays at the time of service. Failure to collect co-pays puts the responsible party and My 1st Clinic in default of the insurance contract.

Missed Appointments:

Missed appointments represent a cost to us, you, and to other patients that could have been seen during the time set aside for your child. Cancellations are required 24 hours prior to any well visit appointment and two hours prior to any sick visit appointment via phone call or text to the practice. A "No Show" fee of \$50 will be applied if an appointment is missed and not canceled within the stated time frame. If an account has accumulated 3 "no show" appointments, they may be subject to dismissal from the clinic and no further appointments will be scheduled.

Outstanding Balances:

If you have a personal balance on your account, a monthly statement will be sent. Unless authorized in writing, payment is due upon receipt of statement or within 30 calendar days.

Collection Accounts:

If your account is submitted to a collection agency, all associated fees are the responsibility of the assigned account holder. The assigned account holder will receive written notification. If your account is sent to collection and then paid in full, the assigned account holder may request the practice reinstate the account. If the practice permits reinstatement, there is a \$25 reinstatement fee to be charged to the account holder. The fee must be paid prior to scheduling any future appointments.

Returned Checks:

A \$30 fee will be charged for any checks returned for insufficient funds.

After Hours/Holiday Care:

For better care of our patients, we are often able to provide care outside of regular office hours. Appointments scheduled (in office, video, or telephone) 5pm or later Mon-Thur, 1pm or later Friday, weekends, and holidays, will be billed to your insurance. If the after hours fee is not covered by your insurance carrier, the assigned account holder is financially responsible for the charges.

Insurance:

We accept most PPO and HMO insurance plans. Please call the office to confirm acceptance of your coverage. Please bring a copy of your insurance card to every visit. A scanned copy of the assigned account holder's current insurance card and driver's license is required to be kept on file. Please present newly issued insurance cards upon check-in at the next scheduled visit.

If you have an HMO insurance plan, please assign Dr. Reut Pagi as your child's primary care physician (PCP) prior to your visit. If we cannot confirm that Dr. Pagi is listed as your child's PCP, we will ask that the appointment be rescheduled.

It is the account holder's responsibility to verify that Dr. Pagi is in network with the patient's insurance plan.

Change of Insurance/Change of Account Information:

Please notify the office as soon as possible of any and all account changes, including co-pay amounts, insurance updates, and change of mailing address. If the account holder does not notify the office within 15 calendar days of these changes, the assigned account holder becomes responsible for any and all charges.

Secondary Insurance:

My 1st Clinic does not participate with Medi-Cal and cannot submit any claims to them even if a patient is enrolled with Medi-Cal as secondary insurance. Any patient responsibility put out by the primary insurance will be the responsibility of the patient (parent) who will be required to make full payment to My 1st Clinic.

Divorced/Separated Parents and Custodial Arrangements:

My 1st Clinic does not get involved in disputes between divorced, separated or custodial parenting arrangements regarding financial responsibility for their child's medical expenses. By signing as guarantor below, you agree to be financially responsible for the care we provide to your child, regardless of whether a divorce decree, custodial or other arrangement places that obligation on your former spouse or the child's other parent. We will be happy to provide receipts for paid medical bills for you as requested.

Billing Inquiries: Questions about a bill should be directed to our billing department at **(866) 371-6118** . If you have any questions regarding the conditions and terms outlined in this document, please call our office.