

**I. Nikolas G. Capetanakis, D.O.:** I am a solo practitioner in the practice of obstetric and gynecologic care. My goal is to provide you with the best health care. In order to maintain an efficient office and viable medical practice, I have developed the following policies. The objective of these policies is to prevent billing and patient care confusion.

**II. Contracted Insurance Plans:** It is your responsibility to supply us with the appropriate billing information. This includes current insurance identification as well as the billing address and anything else required by your insurance carrier for payment of claim. You will be required to pay any co-payment, deductible, and/or non-covered services that are considered "non-covered benefits" by your insurer. If your insurance plan does not pay your account, you will be responsible for payment of charges for your medical services.

**III. Non-Contracted Insurance Plans:** I will bill your insurance as a courtesy. If your insurance company does not pay within 30 days, you must pay the balance. I do not bill out of state carriers. Payment in full is expected at the time of service for out of state carriers. You will be given a copy of your bill that includes the information necessary to bill your insurance carrier. Unpaid accounts will accrue interest at the rate of 1.0% percent per month.

**IV. Private Pay:** Payment is expected at the time of service. I accept payment in the form of cash, check, or Visa or MasterCard. If you are unable to pay at the time of service, you must make arrangements in advance.

**V. Returned Checks:** If your check is returned, you could be liable for three (3) times the amount of the check or \$100.00, whichever is more, plus face value of the check. You may be asked to pay cash for returned checks.

**VI. Appointment Courtesies:** I realize that unforeseen circumstances might make it impossible for you to keep your appointment. If you should fail to keep an appointment without canceling at least 24 hours in advance, you may be charged for that failed appointment. Your insurance carrier will not cover this charge. Once payment is received in full for the missed appointment, I will be happy to reschedule another appointment. If you fail two appointments without canceling in advance, you may be dismissed from the practice and need to seek medical care from another physician.

**VII. Medical Information:** A. Medical Records: Our office will copy your medical records upon request and signing of the consent form, which authorizes the release of your records. A \$20 fee may be charged for the copying of records and filling out any medical related employment or disability forms. Occasionally, your insurance company may require additional information regarding your medical care. If this is requested, there will be an additional fee charged to your insurance carrier. These reports will be provided when payment is received. B. Record Reviews: In order to provide you with the best possible care, I may need to review past medical records. Based on the time required, a \$40 fee may be assigned.

**VIII. Telephone Calls:** I review all messages. If further consultation with a provider is desired, a fee equivalent to an office visit will be charged to you. Insurance plans do not cover telephone consultations.

**IX. Laboratory:** I send all laboratory specimens to Pathology Inc. unless informed otherwise. Many insurance companies require that you use a specific laboratory, radiologist, or other contracted specialist. It is your responsibility to determine which outside provider is contracted with your insurance. I cannot be responsible if you go to a lab or specialist that is not contracted with your insurance. I will direct you as best I can. When in doubt, check with your insurance company.

**X. On-Call Schedule:** Occasionally I am called away from the office. Sometimes I will arrange for another doctor or nurse practitioner to see you. I will make every effort to inform you in advance if this is necessary. Emergencies and deliveries cannot be scheduled. This is the nature of the business; I appreciate your understanding and apologize for any delays.

**XI. Hospital Facilities:** I deliver and perform surgery at Scripps Memorial Hospital Encinitas exclusively. I will not be able to care for you at any other facility. If you present for medical care at any other hospital, you must seek another physician at the facility.

**XII. Patient Care Policies:** I strive to offer you excellence in both medical and personal care in an atmosphere of comfort and respect. As I respect you, I ask that you respect the staff and other patients by complying with these policies. If there is a problem please do not hesitate to speak with our office manager.

**XIII. Notice to Patients:** Medical doctors are licensed and regulated by the Medical Board of California. You can find more information at (800) 633-2322 or [www.mbc.ca.gov](http://www.mbc.ca.gov).

Signature: \_\_\_\_\_

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

Patient Name: \_\_\_\_\_