

Orthopedic & Sports Medicine Center

A Medical Clinic

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Financial Policy

We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

Please have available at the time of your visit the following insurance and identification information:

1. Your insurance identification card so that we may copy the front and back of the card for accurate insurance information.
2. Your drivers license so that we may copy the card for accurate demographic and patient specific data.
3. If you have a health plan that requires its own insurance claim form, please provide us with a signed and completed claim form.
4. Your referral or authorization for services when applicable.

Payment for services is due at the time services are rendered unless payment arrangements have been approved in writing and in advance by our staff. We accept cash, checks, MasterCard, Visa or American Express. We will be happy to help process claims to your insurance carrier, but please remember the following:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This statement does not apply to companies who reimburse based on an arbitrary "Schedule" of fees, which bears no relationship to the current standard of cost of care in this area.
3. Not all services are covered benefits in all contracts. Some insurance companies arbitrarily select certain services which they will not cover.
4. If our facility is not on contract with your HMO or PPO, you will be held responsible for balances not paid by your insurance company.

We must emphasize that as a medical care provider, our relationship is with you, not your insurance company. In you are insured, we will bill your insurance carrier as a courtesy to you. However, it is ultimately your responsibility to become familiar with the details of your insurance plan coverage. We recommend you contact your insurance company prior to any service so you may understand your allowable benefits. We do ask that you come prepared to pay any copayments, deductible or other co-insurance amounts at the time of service. In the event your health plan determines a service to be “non-covered,” we will bill you, and payment is due upon receipt of that statement. Any amount not paid by your insurance company within 30 days will be billed to you. If your insurance is with a plan that we do not have an agreement, payment is expected, in full, at the time of service, we will submit a claim to your insurance company on your behalf.

Workers’ Compensatin

If you are involved in an “on-the-job” work injury, prior to seeing the physician, the following information must be obtained and verified prior to your visit:

- Date of Injury
- Case or claim number
- WCAB#, if applicable
- Workers’ Compensation carrier information
- Adjuster’s name
- Adjuster’s telephone number
- Employer

Insurance Updates

Due to frequent changes in insurance plans and the benefits offerer under those plans, our staff is required to review and update your insurance information on a regular basis.

Other fees

- Copy of Records
- Copy of x-rays
- Form Completion fees

I understand that Dr. Shaik Saheb agrees to bill my insurance as a courtesy and that I must submit information as needed to ensure payment for services. I further understand that I am ultimately responsible for payment for all services.

Name of Patient (please print) Signature of Patient or Responsible Party Date

Interpreter/Representative Name Interpreter/Representative Signature Date