



PATIENT FINANCIAL POLICY

Payment is expected in full when services are rendered.

Medi-Cal and Medicare

Please provide us with a copy of your current Medi-Cal and/or Medicare card at each visit. If you have a share-of-cost, you will be asked to pay that amount at the time of service.

Private Insurance

Please provide us with a copy of your current insurance card at each visit. Insurances are billed as a courtesy and you are responsible for any unpaid services. All co-payments and deductibles are due at the time of service.

Private Pay

We accept cash, checks, Visa, MasterCard and debit transactions. We offer a sliding fee discount if you qualify. Please ask a receptionist for additional information. Full payment is due at the time of service.

Sliding Fee Discount Program

We offer a sliding fee discount based on income and family size to all patients that qualify. All sliding fee payments (nominal amount or flat amount) are due at the time of service. The Sliding Fee Discount Program was explained and offered to me. I understand that I can apply at any time, if I so elect, and may qualify based solely on income and family size.

Government Funded Programs

We offer several government funded programs for which you may qualify. Please ask a receptionist for additional information.

Thank you for choosing Valley Health Team as your health care provider. Please let us know if you have questions or concerns. By signing below you acknowledge and accept our **Patient Financial Policy**.

Patient Name (Printed)

Date

Signature of Patient or Responsible Party

Date

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| VHT INTERNAL USE ONLY | PATIENT DECLINED SFDP | | |
| INITIAL & DATE | PATINET WAS GIVEN APPLICATION FOR SFDP | | |