



# Coastal Prestige Medical Services and Clinic

575 Price Street, Suite 313, Pismo Beach, CA 93440  
(805) 201-9135 Fax: (805) 201-9134 www.coastalclinic.com

## 2016\* Billing Practices and Policies

Coastal Prestige Medical Services, Inc does not contract with any commercial insurance carriers. We do bill insurance, but reimbursement rates are at the *nonparticipating provider* rates, which are generally 50-70% of the billed rate, but depend on authorized charges and deductible status. In May 2009, a study was published on the Health Affairs website (healthaffairs.org), "What Does It Cost Physician Practices to Interact with Health Insurance Plans?" which showed a practice spends on average \$47,707 per year on claims and billing, credentialing and contracting. This includes both time and resources, and results in time taken away from patients at each visit. This money also is part of the insurance company profit. By electing to become nonparticipating providers, our billing is simplified, allowing for more quality time with each patient.

### Commercial Insurance Policy

A standard office visit is billed at \$145. Extended visits, including exams are billed at \$280. Patients are asked to pay in full at the initial visit. If you would like, we can bill your insurance company and at subsequent visits, you will be reimbursed or credited with any insurance payments received. Reimbursement from the insurance company depends on your policy, whether you have met your annual deductible, what your copayment is, what the insurance company authorizes for the visit, and what percentage of our charge they will reimburse.

Patient Initials: \_\_\_\_\_

### Medicare and CenCal Insurance Policy

In an effort to provide for our seniors and low-income patients, Coastal Prestige Medical Services, Inc has elected to contract with Medicare and Aetna as *participating providers*. Which means that 80% of the office visit is covered by Medicare. Billing to Medicare is set at standardized rates, established each year by the Department of Health and Human Services. Any supplemental insurance will be billed as well, without any prepayment required. Without the supplemental insurance, the remaining 20% will be collected at the time of service. We are NOT contracted with CenCal. Patients with CenCal will be responsible for remaining fees at the time of service.

Patient Initials: \_\_\_\_\_

### Telephone Consultations

We believe there is a place for telephone and email consultations. These services must be documented in the patient chart to maintain a complete record. Patients participating in our *Prestige Membership Plan* may receive as many telephone and email consultations as needed without any further fees. Nonmember and consultation patients will be charged a \$25 fee for the basic service, which would include prescriptions and refills. If labs, referrals, or diagnostic imaging is required, an office visit fee will apply. This fee will be collected at the next office visit. Generally, insurance companies do not reimburse for this service.

Patient Initials: \_\_\_\_\_

### Cancellation Policy

At Coastal Prestige Medical Services, Inc, we value and protect the time booked for patients. We minimize any waiting room time, and maximize time spent with patients. Unlike many practices, we do not double or triple-book appointment slots to allow for no-shows. We also understand that unforeseen circumstances do come up from time to time, but we must also be fair to other patients. Thus, any appointment that must be cancelled or rescheduled more than 24 hours prior to the appointment time will be done without any charge. We hope you value our services, and will give your appointment with us the priority it deserves. Cancellations or rescheduling less than 24 hours will incur a \$50 fee, due at the next visit, if the visit slot can be filled. Otherwise, those and no-shows will be billed the full office visit fee of \$145, due at the next visit. More than 2 no-shows without payment of the no-show fee is grounds for dismissal from the practice.

Patient Initials: \_\_\_\_\_

\*Note: Each year, this policy will be updated to reflect any new changes to state and federal law.