



**RYAN RANCH
MEDICAL GROUP**
PARTNERS IN HEALTH AND WELL-BEING

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Office and Financial Policies

We would like to thank you for choosing Ryan Ranch Medical Group (RRMG) as your medical provider. Please keep this document for future reference.

Effective April 1, 2010, a copy of photo i.d. is required upon registration and or to obtain any medical documents from our office. This is in compliance with the recent passing of the Red Flags Rule by the Federal Trade Commission (FTC).

Canceled Appointments: If you are unable to keep your scheduled appointment, please give our office a 24-hour notice to reschedule your appointment. This will enable us time to use your slot for another patient and avoid a no show fee of \$35.

If You Do Not Have Insurance: Payment will be due at the time of service.

Phone Consultations: If a physician returns a patient phone call that extends longer than 5 minutes **and medical decisions are made**, (prescriptions, lab requests, referrals) your physician will bill this as an office visit.

We Do Not Treat: Liability Injury or Workers Compensation.

Auto Accidents are self-pay only.

Billing and or medical information will not be discussed with anyone except the patient in which it concerns unless a Medical Release Form has been signed.

Insurance: Please bring your insurance card with you at the time of your appointment. We will submit insurance claims for our patients. However, the agreement of the insurance carrier to pay medical care is a contract between you and the carrier. **You should direct any questions and/or complaints regarding coverage to your insurance carrier, your employer (if in a group plan), or to your agent.** It is the patient's responsibility to understand his/her medical benefits.

All co-pays are to be paid at the time of service. This is an Insurance company policy. If the co-pay is not paid at the time of service, you will be assessed a \$10 late fee.

Payments: Balances are due within 30 days of when the statement is issued. Statements are issued after the insurance carrier pays its portion of the bill. **Effective April 1, 2010**, if the balance remains unpaid after 30 days, a late charge of 5% per month is applied to the account. All payment arrangements must be made prior to mailing in a payment. In addition to paying through the mail, credit card information may also be called to the billing office during business hours at 831-647-3190.

Return Checks: A \$35.00 charge will be added to your account for any check returned by your bank for any reason.

Forms: There will be a minimum charge of \$25, depending on the length of the form. Payment is due at the time that you pick-up the forms. Please allow 7 - 10 days for the completion of these forms.

Medical Records: We will provide you a copy of your medical records upon request. You will first need to sign a medical release form. Please allow 7-10 days for us to copy your records. There will be a fee of \$15.

Prescriptions: We are glad to call in your prescriptions to your local pharmacy. However, if you choose to use a mail order pharmacy, you will be responsible to mail the written prescription to the company to have it filled. We will not call/fax prescriptions to mail order pharmacies. If you need to have your prescription written for a mail order pharmacy, you must make an appointment with your physician to have them written out.