

Financial Policy

Welcome to the Pacific Vasectomy Clinic. We aim to provide you with high-quality medical care while ensuring clarity regarding financial matters. Please read through our financial policy to understand our payment procedures and your financial responsibilities.

Ins	ura	ance and Payment Responsibilities
	Ins	surance Verification:
	•	We will verify your insurance coverage at the time of your visit. However, it is ultimately your responsibility to know the details of your coverage, including copayments, deductibles, co-insurance, and exclusions.
	Ins	surance Billing:
	•	We will file claims with your insurance company on your behalf. If your insurance company denies or pays less than expected, you are responsible for the remaining balance.
	Co	p-Payments and Deductibles:
	٠	All copayments, coinsurance, and deductibles must be paid at the time of service. If you are entitled to a refund after your insurance claim is processed, we will reimburse you accordingly.
	No	on-Covered Services:
	٠	If your insurance does not cover certain services, you will be responsible for the full payment.
	Cr	redit Card
	÷	We require all patients to have a credit card on file.

• The credit card expiration date must be greater than 6 months.



Self-Pay Patients

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		If you do not have insurance, you are responsible for the full payment at the time of service. We offer various payment options to help with these costs.
<u>*</u>	Pa	ayment Methods
		We accept payment by credit card, HSA/FSA cards and debit card. Payment is due at the time of service unless prior arrangements have been made.
<u>*</u>	Bil	ling Statements
		After your insurance has processed your claim, you will receive a statement detailing any remaining balance. Please review it carefully and contact us with any questions or concerns.
		Payment is expected within 30 days from the date of the statement.
<u>*</u>	Pa	ast Due Accounts
		Once your insurance claim has been fully processed, you will be sent a final billing statement for any remaining balance. The balance will be due within 30 days of the statement date.
		Any outstanding patient balance greater than 30 days from the statement date will be automatically charged to your credit card on file.
		If we are unable to process the remaining balance through your credit card on file, then you may incur late fees and/or could be referred to collections.
		We offer payment plans for those experiencing financial hardship. Please contact our clinic if you need assistance setting up a payment plan.



Missed Appointments and Cancellations

We require a minimum of 24 hours' notice for appointment cancellations.	Failure
to cancel on time or missed appointments may incur a fee.	

Payment Plans

We	offer	pay	vment	plans [•]	for	eligible	patients.
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BALANCE DUE	PAYMENT PLAN OPTION	DURATION OF PLAN	MONTHLY PAYMENT AMOUNT
\$0 - \$200	2-month plan	2 months	Equal payments each month
\$201 - \$600	3-month plan	3 months	Equal payments each month
\$601 - \$1,000	4-month plan	4 months	Equal payments each month
\$1,001 - \$1,200	6-month plan	6 months	Equal payments each month

- **Initial Payment**: The first payment is required at the time the payment plan is set up. You can use a HSA/FSA card for the initial payment. A credit card is required on file for all subsequent payments.
- **Automatic Payments**: Monthly payments will be set up for automatic deductions from a credit card to avoid late fees. A valid credit card, with an expiration date beyond 6 months, is required on file.



- Early Payoff: Patients are welcome to pay off their balance early without penalty.
- Payment Plan Setup: Payment plans can be set up during your initial visit or when you receive your final billing statement.

Questions or Concerns

☐ If you have questions about your bill or need to discuss payment arrangements, please contact us:

• Phone: (425) 449 – 5660

Email: info@pacificvasectomyclinic.com