

## ORAL PATHOLOGY ASSOCIATES, INC.

### **\*\* PLEASE READ THIS IMPORTANT NOTICE\*\***

In the interest of your good health, your doctor has biopsied abnormal tissue from your mouth and forwarded it to our laboratory for examination and diagnosis. This "**statement of account**" is for our laboratory services and is separate from the charge for the biopsy performed by your doctor

#### **PAYMENTS**

We accept personal and certified checks, money orders, as well as MasterCard and Visa. If you are paying by credit card, please be sure the cardholder's name is legible, and provide us with the billing address for the card if it is different from the patient address in our files. Also we are now required to have the three digit code that is on the back of the credit card. **Do not send cash.** Please feel free to contact our office directly if you should have questions or concerns regarding payment and/or insurance billing.

*IF WE SUBMIT A CLAIM TO YOUR INSURANCE COMPANY, YOU STILL MUST PAY THIS INVOICE AS STATED ON THE CONSENT YOU SIGNED IN YOUR DOCTORS OFFICE. WE ARE NOT CONTRACTED WITH ANY INSURANCE COMPANY. HOWEVER, WE WILL DO A **COURTESY CLAIM ON YOUR BEHALF.***

Payments from some medical plans vary depending upon your out-of-network coverage and out-of-network deductible. **There are a few dental plans that will pay a portion of our charges.** Insurance claims will **ONLY** be submitted when complete and accurate insurance information is received. By forwarding an enlarged copy of the **front and back** of your medical and/or dental insurance ID cards, you can be assured that we have correct and complete insurance information to bill for direct reimbursement to you, thereby minimizing frustration and delays in insurance billing. Refunds, when appropriate, are issued within three to five business days. Please note, that it is the responsibility of the patient or responsible party for providing our laboratory with complete and accurate insurance information to submit the insurance claim. **Insurance companies will reimburse the subscriber directly, since this laboratory is not a member of any of the preferred provider networks.** If the payment is sent to us in error, a reimbursement will be sent to the subscriber within three-to-five business days.

#### **MEDICARE**

This laboratory is not a Medicare provider.

#### **HMO MEDICAL INSURANCE PLANS**

**HMO's DO NOT COVER** our laboratory services because we are not a contracted provider.

#### **STATE PROGRAMS**

WE ARE NOT MEMBERS OF ANY STATE PROGRAMS INCLUDING, HEALTHY FAMILIES, MEDICAL, DENTI-CAL, CAL-OPTIMA, MEDICAID FROM OTHER STATES.

Peri, Debbie, Mary and Luisa (310) 235-1164; fax: (310) 235-1067

A notice of our privacy practices is available on our website [www.oralpathologyassociates.com](http://www.oralpathologyassociates.com). You may request a written copy.