Perry Lim, M.D., Pediatrics, 991 Montague Expy, Suite 206, Milpitas, CA 95035
408-929-2276 Fax: 408-929-2170

Patient Service Agreement

Print Patient Name: _____ **Patient's Date of Birth:** _____

Patient Care and Privacy Notice

I authorize the treatment of the person named above, and I agree to pay all fees for such treatments and services.

I understand that the release of health information is restricted to those entities that are directly involved in health care, insurance coverage, or related health care operations.

I will give a written consent to release information to any other health care providers and insurance companies who are evaluating the patient for health, life, of disability benefits. Records will not be faxed unless urgently needed for immediate care.

I understand that all medical records are handled by all members of the staff in this office.

I give authorization to Perry Lim, M.D. to display photos of myself and my children in this medical office.

Billing and Payment Collection Terms

I shall make all payments to Perry Lim, M.D. for medical fees and charges which are not covered by my insurance carrier. These payments will be made by cash or check payable to Perry Lim, M.D. I understand there will be a charge of $20 per bounced check.

I agree to pay all fees shown on Perry Lim, M.D. statements within 10 days of presentation. Charges shown on the statements are agreed to be correct and reasonable unless discussed in writing within thirty days of the billing date.

I agree that payments due to Perry Lim, M.D. will not be delayed or withheld because of any insurance coverage issues or dependency of insurance claims.

I understand that Perry Lim's office bills my insurance company as a courtesy as is HIPPA compliant. If my insurance company does not provide the required payments after two attempts, then I understand that I am responsible for paying Perry Lim's office and that I am responsible for collecting my medical expense reimbursements from my insurance company.

I understand that I will be charged $25 for no show visits and for cancelled appointments that occur without 24 hours of prior notice.

I understand that I may be charged $10 per incident for medical advice requested after normal office hours. Normal business hours are 9:00 AM to 5:00 PM Monday through Friday.

I understand that I must be prepared to pay any outstanding patient co-pays and patient responsible balances at the time of my office visit. I understand that these payments are collected at the time services are rendered and that a service charge of $10 will be added if not paid.

I understand that I will be charged $10 for each re-issued immunization card and form not bought in at the time of the physical.

I understand that I will receive a monthly statement if I owe a balance to Perry Lim, M.D. If I owe a balance, then I will make a payment to Perry Lim, M.D. within 10 business days upon receiving the monthly statement. Interest is charged on unpaid balances over 60 days old. Interest is 1.67% per month or 20.04% annually.

Patient, Insurance, and Medical Compliance Terms

I authorize the release of any medical information necessary to process my family's insurance claims, and I also request payment of government benefits or medical benefits from my insurance carrier(s) paid directly to Perry Lim, M.D.

I understand that it is my responsibility to have valid insurance coverage at the time of service. If I do not have valid insurance coverage for any reason, then I am financially responsible for paying Perry Lim, M.D.

I understand that if there are any insurance billing or medical coverage issues then I am responsible for calling and resolving these matters with my insurance company.

I shall comply with all medical advice provided by Perry Lim, M.D and his medical support staff. I understand that I may be dismissed from Perry Lim's office for not following medical advice provided by Perry Lim, M.D. and his medical support staff.

I will treat Perry Lim's receptionist, medical staff, and office staff with the same respect that I treat Perry Lim, M.D. I understand that Perry Lim's staff works as a team.

I am aware that Perry Lim, M.D. is a preceptor for students and residents who will occasionally be in the office in a learning capacity.

I understand that I must present my current medical insurance card each time I visit the office.

I have no secondary insurance. Check if answer is yes _____

Print First and Last Name of Parent/Guardian of Above Patient:

_____

Signature of Parent/Guardian:

_____**Date:**_____