

Dr. Kim's Office Policy

Welcome to our practice! Your health is important to us and we are committed to providing you with quality healthcare. Please read below to ensure that you understand our office policy.

- ☑ **Referral:** If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Please do not demand my staff to do that.
- ☑ **Copay:** It is expected for the patient to pay their copay at the time service is rendered.
- ☑ **Cancellation policy:** If you are unable to keep your appointment, please call. If you fail to keep an appointment and do not call within 24 hours to cancel, a \$40.00 fee will be applied. For cancelled procedures/surgery without notice, a charge of \$150 for procedures and \$250 for surgery will be applied.
- ☑ **Payment method:** We accept checks, cash, and credit cards. (minimum \$25 for credit cards)
- ☑ **Proof of insurance coverage:** Please present your insurance card and picture identification when registering for your appointment.
- ☑ **Medical benefits:** Insurances vary in their coverage. It is your responsibility to understand your medical benefits. There may be limitations and exclusions to coverage. Your responsibility is set by the insurance company. You are responsible for any co-insurances, deductibles, and any other non-covered billable services.



