

Advanced Rheumatology & Arthritis Center

Jim C. Kim, MD

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Bakersfield, CA 93301

(661) 716-0333 Fax (661) 716-1288

FINANCIAL POLICY

Jim C. Kim, M.D., Inc will assist you in providing the following information regarding our office financial policy:

1. Patients are required to pay co-pays and deductible (when applicable) at the time the service is rendered.
2. Upon receipt of monthly statement, patients are required to pay within 30 days or less.
3. There is a \$25.00 charge for each missed appointment. (It is patients' responsibility to notify at least 24 hours in advance to cancel appointment if they are unable to keep it).
4. For each returned check, there is a \$25.00 handling charge.
5. If you requested the physician to write a letter/paperwork, there will be a \$10.00 charge.
6. If you requested for your medical records, it will be \$15.00 maximum charge. This EXCLUDES lab results. However, if the medical record is requested to send to another doctor's office for your medical care, there will be NO charge.
7. Please provide us with your current insurance card and picture ID. This will help us file for insurance reimbursement on your behalf. If you DO NOT provide us with accurate insurance information, you might be responsible for the charges.
8. It is important that you notify us of any changes of address promptly.

In the event that timely payment cannot be made, special and specific arrangements may be made by calling our billing/patient account department at 661-716-0333. We will be most understanding and willing to accommodate unusual circumstances.

Signature: _____

Date: _____

Name: _____

*Arthritis and Autoimmune Disorder Specialist
Board Certified in Internal Medicine and Rheumatology*