



1299 Water Lily Way Unit #90  
San Jose CA 95129  
Tel: 650-666-0033  
Fax: 650-300-4647  
www.LakshmiObGyn.com

### Patient Financial Responsibility Agreement

#### Patient Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Insurance ID: \_\_\_\_\_  
Employer: \_\_\_\_\_

#### Responsible Party Information (if different from patient)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Telephone #: \_\_\_\_\_

How did you find Dr. Lakshmi? \_\_\_\_\_

Pharmacy: \_\_\_\_\_

I agree to:

- Keep my contact information, insurance information, and payment methods current and updated with Lakshmi Sathya MD
- Verify my insurance coverage for using the services of Lakshmi Sathya MD, directly with my insurance provider

Signatures:

Patient: \_\_\_\_\_ Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

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In addition, I agree to the following schedule of fees and charges:

Initial each below

X\_\_\_\_\_ Method of payment:

- Cash, Check: No Fees
- **All card transaction: fee** – 4% per transaction. I understand that this fee doesn't exceed the cost of processing my card transaction

X\_\_\_\_\_ Mailed statement fees:

- I understand that the Explanation of Benefits (EOB) statement provided by my insurance company for each visit is the formal source of statement for charges incurred for services with Lakshmi Sathya MD
- For each statement mailed by Lakshmi Sathya MD at 30 days and 60 days after date of service, there is a **\$2/statement charge**.

X\_\_\_\_\_ Finance charges: Amount owed more than 30 days will incur a finance charge of **3%/month**, calculated from the Day of Service

X\_\_\_\_\_ No Show/Cancellation within 24 hours of scheduled appointments: **\$55/incident**

X\_\_\_\_\_ Returned check fee: **\$25/incident**

X\_\_\_\_\_ **Emergency/Urgent/Non-Urgent Phone Call Policy:** Phone calls taken by the doctor during non-business hours in response to patient page via answering service will be charged at **\$95/call**. Patients advised to go to the Emergency Room by the doctor are exempt from this charge.

X\_\_\_\_\_ Collection Activity:

- I understand that Lakshmi Sathya MD will assess \$45 fee and initiate collection process if the account has a balance owed 60 days past the date of service. If the collection process is initiated, I understand that I will be responsible for paying account balance, statement fees, finance charges, collection charges, attorney fees, court costs, and other fees incurred as a result of my failure to pay the balance within 60 days from the time of service.

Patient Signature: \_\_\_\_\_

Responsible Party Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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