

Financial Policy

Welcome to the Pacific Vasectomy Clinic. We aim to provide you with high-quality medical care while ensuring clarity regarding financial matters. Please read through our financial policy to understand our payment procedures and your financial responsibilities.

❖ Insurance and Payment Responsibilities

☐ Insurance Verification:

- We will verify your insurance coverage at the time of your visit. However, it is ultimately your responsibility to know the details of your coverage, including copayments, deductibles, co-insurance, and exclusions.

☐ Insurance Billing:

- We will file claims with your insurance company on your behalf. If your insurance company denies or pays less than expected, you are responsible for the remaining balance.

☐ Co-Payments and Deductibles:

- Co-payment, deductible and/or co-insurance payments are dependent on your insurance plan. We will expect payment of these at the time of your visit. If you are entitled to a refund after your insurance claim is processed, we will reimburse you accordingly.

☐ Non-Covered Services:

- If your insurance does not cover certain services, you will be responsible for the full payment.

☐ Credit Card

- We require all patients to have a credit card on file.
- The credit card expiration date must be greater than 6 months.



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❖ Self-Pay Patients

- ❑ If you do not have insurance, you are responsible for the full payment at the time of service. We accept credit card, debit card or HSA/FSA cards. Payment is due at the time of service unless prior arrangements have been made.

❖ CareCredit - Payment Plans

- ❑ We also offer payment plan options to help with these costs.
- ❑ Please contact our staff ahead of your appointment to get assistance with CareCredit plans which allow 0% interest for up to 24 months.

❖ Billing Statements

- ❑ After your insurance has processed your claim, you will receive a statement detailing any remaining balance. Please review it carefully and contact us with any questions or concerns.
- ❑ Payment is expected within 30 days from the date of the statement.

❖ Past Due Accounts

- ❑ Once your insurance claim has been fully processed, you will be sent a final billing statement for any remaining balance. The balance will be due within 30 days of the statement date.
- ❑ Any outstanding patient balance greater than 30 days from the statement date will be automatically charged to your credit card on file.
- ❑ If we are unable to process the remaining balance through your credit card on file, then you may incur late fees and/or could be referred to collections.



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❖ Missed Appointments and Cancellations

- ☐ We require a minimum of 24 hours' notice for appointment cancellations. Failure to cancel on time or missed appointments may incur a fee.

❖ Questions or Concerns

- ☐ If you have questions about your billing please contact us:

- Phone: (425) 449 – 5660
- Email: info@pacificclinic.com

PATIENT NAME: _____

PATIENT SIGNATURE: _____

DATE OF SIGNATURE: _____