

**ALAN R. NILI, D.O. Inc.**  
**18 Endeavor, Suite 307**  
**Irvine, CA 92618**  
**Phone (949)260-0106**  
**Fax (949)999-8103**

**Billing Policy**

**CO-PAYMENT AND/OR DEDUCTIBLE BALANCES WILL BE COLLECTED AT THE TIME OF SERVICE.**

**Your insurance may not pay for everything, even some care that your health care provider deems necessary. I, the patient, understand that if my insurance does not pay, I, the patient, am responsible for payment.**

**Initial \_\_\_\_\_**

We will bill your insurance company as a courtesy to you. However, we are not responsible for following up with the insurance company to ensure that they provide reimbursement. This is your responsibility.

Patients with HMO/Managed Care insurance plans will need to provide Proof of eligibility at the time of service.

Payment arrangements can be made in advance of services rendered in case involving cash patients and/or financial hardships.

We apologize for any inconvenience this policy may cause. However, we are always available to work with you in resolving any problems.

I have read and understand the above information and I agree to comply accordingly.

\_\_\_\_\_  
**Signature of Patient/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

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