

Lalitha Ananth, M.D., F.A.C.P. Inc.,

RHEUMATOLOGY CONSULTANT *
DIPLOMATE AMERICAN BOARD OF INTERNAL MED.
DIPLOMATE AMERICAN BOARD OF RHEUMATOLOGY
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As of January 2010, Dr. Ananth's office is implementing a new system to keep patients' accounts current and to avoid misunderstandings regarding our office policies. Please read carefully and provide your initials and signature below. Thank you for your cooperation!

Please do not hesitate to ask a staff member should you need further clarification.

PLEASE INITIAL:

I understand that if I do not pay my co-pay in full at the time of my visit, I am responsible for the \$10.00 Late Fee charge in addition to my co-pay.	
I understand that all unpaid balances (e.g. co-pays, co-insurances, deductibles) must be paid at the time of my visit.	
I understand that I will be charged a \$25.00 Cancellation Fee if I cancel my scheduled appointment less than 24 hours in advance.	
I understand that I will be charged a \$35.00 Insufficient Fund Fee for each returned/bounced check.	
<p>HMO MEMBERS ONLY:</p> <p>If I request any of the following procedures:</p> <ul style="list-style-type: none">▪ Trigger Points▪ Injections▪ Drainage of Fluid <p>I must call the office ONE WEEK before my appointment so that Dr. Ananth's office staff may obtain a prior authorization.</p> <p>I understand that my doctor cannot perform the procedures without a prior authorization.</p>	<p><i>For members of Edinger Medical Group, Medical Services Initiative (MSI), Noble AMA IPA, Noble Orange County, Noble Mid, Family Choice Medical Group, and AMVI:</i></p> <p>Please initial here.</p>

I have read the above elements and agree to the appropriate charges.

Signature _____ Date _____