



THE
i B O D Y

956 Huntington Drive
San Marino, CA 91108
Phone: 626.593.5993

Dear Patient:

We recognize and appreciate that health-care can involve a major financial commitment. Our mission is to provide you with effective and affordable health care. As a patient, you are responsible for the total charge incurred to be paid at the time of each visit. We are sensitive to the fact that our patients have different needs in fulfilling their financial obligations. Therefore, we offer several payment options to assist you in taking “the bite” out of this aspect of your health-care services. The following is a list of these options:

- Visa
- Discover Card
- MasterCard
- Cash
- Personal Checks (There will be a \$35.00 charge for all returned checks)
- Care Credit – An interest free monthly payment plan (90 days, 12 months, or 18 months same as cash)

With the Care Credit plan, there is no prepayment penalty and no interest for the length of the loan. There is no cost to apply, and we can process your request immediately with an “on-line” response.

We are a non-participating provider with health insurance plans but as a courtesy, at the end of your office visit with Dr. Sun, you will be provided with a completed insurance statement that you can submit to your insurance company for any potential reimbursement. We are not authorized to stipulate the reimbursement amount. Only your insurance company can make that determination. **We highly recommend calling your insurance company to verify reimbursement amounts.**

You must call our office and give **AT LEAST 24 HOURS NOTICE** of a cancellation or you will be billed a missed appointment fee of \$50. This charge is directly payable by you and will not be submitted to your insurance.

Please sign this form acknowledging that you have read and agree to the above notice.

Please contact us with any questions (626) 593-5993.

Print Name: _____ Date: _____

Signature: _____