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**PAYMENT POLICY**

We accept cash, check, Visa, Master Card, and most insurance plans. If you have insurance, we will be happy to bill your insurance subject to the following terms and conditions:

1. It is your responsibility to provide us with the correct and current information regarding your insurance company and to follow the rules of your insurance company;
2. You are responsible for paying any deductibles, co-payments or non-covered services;
3. We file group insurance claims and by law must file Medicare claims;
4. A service fee of \$30.00 will be charged to you in the event of a returned check; and
5. At least 24-hours notice is required for cancellations.

I have read all the above terms and assume full responsibility for paying any medical service charges and finance charges according to these terms.

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