

**DIMOND  
MEDICAL CLINIC**

300 East Dimond Blvd.  
Anchorage, AK 99515  
Phone: 341-7757  
Fax: 341-7760

**ALASKA MEDICAL  
CLINICS, LLC**



**WASILLA  
MEDICAL CLINIC**

1700 E. Parks Hwy. #200  
Wasilla, Alaska 99654  
Phone: 373-6055  
Fax: 373-6077

**BILLING POLICY**

As a courtesy to you, our patient, we will be happy to accept assignment of benefits for most insurance companies. However, it must be understood that the contract is between the patient and the insurance company. The patient is fully responsible for any amount not paid by the insurance carrier. Our office policy regarding insurance claims is as follows:

- It is the patient's responsibility to provide our office with complete insurance or billing information at the time of service, or the fees must be paid in full. Alaska Medicaid recipients are required to present proof of coverage each month.
- The patient is required to pay their portion at the time of service. This includes co-pay amounts, deductibles, or non-covered services.
- Our office can not guarantee the amount that an insurance company will pay. Any unpaid balances after 90 days from the date of service will be the patient's responsibility to pay. It is the patient's responsibility to be familiar with the insurance coverage.
- Our office will not go into a dispute with any insurance company over a claim. This is the patient's responsibility and obligation. We will provide any information requested by the insurance company.
- A charge of \$25.00 will be assessed for any returned checks. The patient/guarantor will be held responsible for any collection charges incurred on a delinquent account.

**If you understand and agree with all of the above office policies, please sign your name below and we will be happy to accept your insurance assignment authorizing payment to Dimond Medical Clinic.**

\_\_\_\_\_  
**Patient / Guarantor Signature**

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