Patient Payment Policy

Our financial policy is to collect the patient portion of the services and supplies provided at the time of service. This includes your flat fee copay or the estimated patient portion charged for the visit including x-rays and supplies that vary by insurance carrier and insurance plan. Thus, your patient portion for your visit may be more than the visit copay listed on your insurance card.

We will automatically bill your insurance carrier for the charges incurred from your visit. All payments received are posted into our billing system and statements are generated for accounts that have a remaining patient balance. If you receive a statement, it means we underestimated the portion due from you and you have a balance due. If we overestimated your portion and collected too much then we will credit your credit card payment, or mail you the overpaid amount in a check addressed to you or the responsible party making the payment.

Electronic payments are highly encouraged for secure payment processing. Pay online via our website's "PAY ONLINE" tab for credit card or debit card processing. If you are mailing a check to our office, please write your account number and if you are not the patient, please write the patient's name on your check. Please mail checks to:

Peter A. Matsuura MD
670 Ponahawai St. Ste. 214
Hilo, HI 96720

If you do not have insurance coverage, then your portion will be based on our standard fee schedule. For your convenience, we accept payment by cash, check, VISA, MasterCard, American Express or Discover credit or debit cards. Please be prepared to make this payment.

Thank you very much for entrusting your care with us and cooperating with our office policies.