



Financial Policy

Thank you for choosing our health care team. We are committed to provide quality care in a courteous and professional manner. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we require you to read and sign prior to any treatment.

▲ FULL PAYMENT FOR OUTSTANDING BALANCES AND CASH PAY PATIENT IS DUE AT THE TIME OF SERVICE

▲ WE ACCEPT CASH, CHECKS, or CREDIT CARDS

Filing your insurance is a courtesy to our patients. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Therefore, you are responsible in making sure our office has up dated insurance and personal information. You are responsible for making sure your insurance company pays and pays in a timely manner.

If we participate with your insurance company, all co-pays and deductibles are due at the time of service. You are responsible in making sure that our office has all current insurance information at each visit. If your coverage changes to or is a plan where we are not participating providers, payment in full will be due at the time of service.

If you have a balance, you will receive a statement each month letting you know the status of your account. **Please be aware that some of the services provided maybe non-covered services and not considered reasonable and necessary under the Medicare program and/or other medical insurance. An account can only stay unpaid for 90 days and then it is turned over to a collection agency. The cost of the collection agency, which may vary, will be added to your total bill. Once your account is in collection status we will not be able to keep you as a patient and you will be asked to find medical care elsewhere.**

Usual and Customary Rates - Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Minor Patients – All patients under the age of 18 must be accompanied by a parent or person 18 years or older. The adult accompanying a minor will be the responsible party for payment.

Missed appointments - Unless canceled, at least 24 hours in advance, our policy is to charge for missed appointments at half the rate of a normal office visit. Please help us serve you better by keeping scheduled appointments. Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

I have read the Financial Policy. I understand and agree to this Financial Policy:

x _____ Date _____

Signature of Patient or Responsible Party