



## FINANCIAL POLICY

We are committed to providing you with the best possible care. If you have medical insurance, we are eager to help you reach your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

Payment for services is due on each visit for charges incurred up through your last visit. We accept cash, check, MasterCard or Visa. We bill electronically, to expedite payment of claims.

Please read carefully:

1. Your insurance is a contract between you, your employer and your insurance company.
2. Not all services are a covered benefit in all contracts. Some insurance companies select certain services that they do not cover. These particular services, if any, will be your responsibility.
3. For liability cases, where another party is responsible, you need to provide us with all the billing information. If there is an attorney, please provide the information on the registration form.
4. Medicare patients are responsible for the annual deductible. If Medicare is the only insurance than you are responsible for the remaining 20% which is co-insurance.
5. You authorize payment directly to our office. Should payment be sent to you, it is your responsibility to return the check to our office, within 7 days of receipt. Failure to do so will result in collection proceedings wherein you agree to pay attorney fees and costs for collection.
6. If your insurance plan requires a referral prior to the commencement of treatment, it is your responsibility to have one prior to the commencement of treatment.
7. Our office plans an extensive portion of time to spend with you on each visit. Cancelling or "no show" causes a loss of this time, which could have been used to see other patients. We ask that you make every effort to keep your scheduled appointment. We reserve the right to charge you \$50 for a missed appointment, which is not covered by your insurance company. To avoid a charge, please cancel at least 24 hours in advance.

I have read the above policies and agree.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_