

FACILITY FINANCIAL POLICY

If you have, One-Net, Carefirst Indemnity/PPO only, Cigna PPO/POS, MAMSI, MDIPA, Medicare, NCPPO, Optimum Choice, United Healthcare PPO/POS/Choice Plus, Great West, One Health, Aetna PPO/POS/HMO or PHCS/Multi-Plan, we will submit to your insurance company. Your copay is due at the time services are rendered. We will submit to your insurance carrier when given all the necessary information to process your insurance claim (i.e., full name of insured, date of birth, social security number, copy of card, and authorization number/referral if necessary). If you can not provide us with this necessary information, you are assuming financial responsibility for your medical care. Payment is due when services are rendered.

I understand that I am financially responsible for all charges of services rendered to me, regardless of any insurance billing. This includes balance remaining after payment of possible insurance benefits, copays, and deductibles. Accounts over 60 days old are subject to 1.5% finance charges per month, rebilling charges, and collections fees. I authorize payment of insurance benefits directly to Dr. Polun. I authorize the release of any medical information necessary to process my insurance claims. Please note that there will be a \$25.00 fee for an appointment that is not cancelled within 24 hours or a missed appointment. Further, I understand that I can be billed for any insurance claims left unpaid by my carrier after 60 days. By signing below, I agree to the terms of Dr. Polun's office policy. If unsigned, no treatment will be rendered me. This policy will be enforced **UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE WITH DR. POLUN OR THE OFFICE MANAGER.** Thank you in advance for accepting our policy.