

Financial Policy

Insurance and Fees

A majority of our patients have some type of health insurance coverage. The insurance contract is between you, your employer and the insurance company. Before you seek services from this office, be sure to know what is covered and what is not. We recommend that you review the "exclusions" and "Out of Pocket Expenses" pages on your written policy. To guarantee benefit coverage, be sure to use a service provider that is contracted with your insurance plan for services rendered outside of this office. Obtain prior authorization before having any visit or procedures with a service provider that requires "Prior Authorization". This office is not responsible for any bill from outside parties.

As a courtesy, we may accept assignment of most insurance benefits upon prior verification of your medical benefit coverage. All coverage information we receive from your insurance company is tentative and is not a guarantee of payment. All claims are subject to insurance plan provisions and are reviewed by your insurance company. Our policy is to collect all copayments and payments toward your deductible at the time of service. The balance remaining after the insurance portion is paid or denied will be due within thirty days. For patients without insurance coverage or whose insurance is not verifiable, we require full payment at the time of service.

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. We will make adjustments for any contracted provider negotiated discount or savings. You as a service recipient are solely responsible for making sure your insurance carrier processes all submitted claim(s) as per your plan's terms and conditions in a timely manner. If insurance payment is not received in our office within 45 days, we will bill you for the balance regardless of your insurance coverage.

Forms Requested by Third Party

We are happy to assist you with filling out disability/FMLA, work/school forms and letters requesting special accommodations requested by third parties with a \$35.00 fee which is not included with the office visit charge. Thank you for your understanding.

Missed Appointments

Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit. Please help us serve you better by keeping scheduled appointment.

Payment Methods

We accept cash, checks (with a valid driver license), and all major credit cards for payment of services. Please note that returned checks are subject to a \$30.00 fee.

Payment is due at the time of all services rendered unless other arrangements have been made. In the event payments are not received by agreed upon dates, a 2% late charge monthly fee may be added to all overdue balance. In the event that the account is sent to a collection agency, the patient and/or a responsible party will be responsible for all costs of collection including attorney fees should legal action be necessary.

Your signature on this sheet verifies your understanding of the financial policies and you agree to follow them. You are also confirming that the insurance and personal information is true and will notify this office of any changes. A photocopy of this assignment is to be considered valid as an original.

X _____ Date _____
(Signature)

Printed Patient/Responsible Party's Name _____