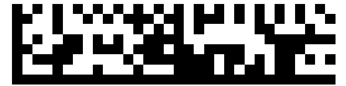
NEW PATIENT REGISTRATION FORMS



Financial Policy and Payment Agreement

Our practice is committed to providing the best treatment for our patients. NOTE: This agreement is between you and our Practice. Your insurance policy is between you and your insurance company.

Irrespective of your insurance coverage you, the patient/guarantor, is personally responsible for all the charges from the time a service/treatment is rendered by this office. As a service to you, on your behalf, we will bill the insurance carrier you ask us to bill. However, the primary responsibility for your account is yours. Providing accurate insurance information is patient's responsibility. If your coverage has expired or changed you must update us at the point of service (POS). Failure to do so can result in incorrectly billing insurance company, which is a healthcare fraud. ANY PENALTIES ARE PATIENT'S RESPONSIBILITY. Copay/patient's share of payment is due at POS. However if your insurance coverage is not verified we reserve the right to ask for full payment at the POS. Amount will be refunded if your insurance pays us. If your insurance denies payment, amount will be automatically billed to you. It's your responsibility to contact your insurance company if you feel that it shouldn't be denied.

All balances are due within 30 days of statement date. Accounts with balances over 30 days due will be assessed an administrative fee each month. Unpaid balances exceeding 30 days from the time of second statement date may be sent to an outside collection agency and patient will be billed for additional charges arising from collections process. Patient may be discharged from our care in such circumstance, unless patient has contacted our office to make payment arrangement. For each returned check patient will be billed $50 administrative fee.

Although we participate in most major insurances, it is ultimately your responsibility to confirm the coverage with your insurance. Please be aware that some or perhaps all of the services you receive may be non-covered services and not considered reasonable and necessary under your insurance plan. Irrespective of your insurance coverage patient is personally responsible for all the charges and services rendered. We don't take WORKERS COMP or accept responsibility for billing claims in litigation.

A 24 hour advance notice is required if you are unable to keep an appointment. If you don't reschedule and don't show up for a scheduled appointment a minimum no-show fee of $50 will be charged to your account. We may waive this fee at our discretion if such a no-show is due to an unexpected emergency. Where allowed by law, patients will be billed directly for copying/mailing medical records, filing forms/affidavits.

Self pay policy: If you are without insurance coverage or if our practice does not accept your insurance plan, your office visit requires full payment of the service payable in cash, check or credit card (visa, master card, American express) at the time of service. If you are unable to pay the balance in full, please ask us about our payment plan.

I certify that I have read and fully understand the above statements and consent fully and voluntarily to its contents.

Signature **Date**

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