

Patient Financial Policy

Thank you for choosing our practice! We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care.

To better serve you, we have adopted the following financial policies. If you need further information about any of these policies, please don't hesitate to ask our Patient Care Coordinator or Billing Manager.

Patient Financial Responsibility for Office Services vs. Surgery

All co-payments, deductibles, co-insurance and fees for non-covered services, including Self Pay fees are due at the time of service unless you have made payment arrangements in advance of your appointment.*

- Insurance required co-payments are due when you check in for your appointment. If you arrive without your co-payment, we may ask you to reschedule.*
- In the event you need surgery, we will provide you an estimate of your insurance required deductible and co-insurance amounts. A pre-surgical deposit of 50% will be collected prior to scheduling.*

** Self Pay applies to any the following circumstances:*

- 1. Patient does not have health insurance coverage.*
- 2. Patient is covered by an insurance plan that our providers do not participate in.*
- 3. Patient does not have a current, valid insurance referral on file.*
- 4. Patient declines to provide a social security number.*

Payment Options

For your convenience we accept cash, checks or credit cards

No Show Policy

*We request that at least **24 hour** advance notice be given to the office if you will be unable to keep your scheduled appointment. This allows us to release your appointment time to another patient. We charge an administration fee of \$20 for no-shows. Patients who repeatedly "no show" for appointments may be discharged from the practice.*

Referrals

Without an insurance required referral, the insurance company will deny payment for services. If you are unable to obtain a referral prior to being seen, you will be rescheduled or asked to pay for the visit in advance.

Financial Accommodation /Payment Plans

We understand that everyone has different financial needs, and we are happy to work with you to set up an interest-free payment plan that meets your needs. All payment plans require a completed & signed Credit Card Authorization Form.

Parent or Guardian Financial Responsibility

The parent or guardian who brings the child to the office for care is responsible for payment at the time of service no matter if the account is self-pay, participating insurance, or nonparticipating insurance. If the child has coverage with a participating insurance plan and the proper insurance identification is present at the time of service, the practice will bill that insurance company.

Divorced Parent and Child Custody Obligations.

The Practice does not honor divorce specifics (e.g., percentage of financial responsibility), and will not bill a divorced spouse for the patient's services. Applicable co-payments, coinsurance and/or deductibles are due at the time of service, unless arrangements have been made with the office prior to arrival.

Billing, Payments & Delinquent Accounts

An account is considered past due 30 days following billing unless other arrangements have been made. Unpaid accounts beyond 90 days are considered delinquent and may be forwarded to a collection agency.

Return Check Fee

There will be a transaction fee of \$15 for any check that is returned for insufficient funds.