

## FINANCIAL POLICY

1. Payment is required in full at the time of service.
2. Payment is determined by our charges less your estimated insurance portion. All medical procedures payments are due in full at the time of service.
3. The entire bill, regardless of insurance, is the **patient responsibility**. As a courtesy to our patients, we will process your insurance claims electronically. However, insurance balances not paid within 30 business days will be billed back to the patient.
4. Insurance patients must provide a valid insurance card and/or a claim form at the initial appointment.
5. Insurance plans which require pre- authorization must be provided at the initial appointment
6. Payment can be made with cash, check, Visa, Mastercard, Discover or American Express.
7. Personal checks accepted with a valid driver's license or state I.D.
8. There will be a \$25.00 service charge for any returned checks.
9. All outstanding balances over 30 days will be assessed a billing charge of 18% APR.
10. Appointment cancellation with less than 48-hour notice will result in a charge of \$150.00 per hour.

**I understand and agree that, regardless of my insurance status, I am responsible for the balance on my account for services rendered. I have read all the information on this sheet.**

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**Patient**

**Date**

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**Witness**

**Date**