

## Financial Policy

Your insurance coverage is a contract between you and your insurance carrier. Your coverage with your carrier is not a guarantee of payment to our office for your services. It is our office policy to collect any co-insurance, co-payment and deductible that may be due at the time of your visit.

As a courtesy to you, we will verify your coverage and obtain real-time benefit information (24 hours prior to your visit). We can not be responsible for benefits that may be miss-quoted to us by your insurance carrier. It is important for you (the patient) to understand what your benefits are with your insurance. We will file a claim with your carrier on your behalf. However, you are ultimately responsible for any charges that are due and payable.

I understand that certain additional procedures or treatments may be performed during my office visit. These procedures or treatments will be billed as a separate fee from the office visit.

Our office requires a 24 hour cancelation notice or there will be a \$25.00 missed appointment fee. Your signature below indicates that you understand and agree with these statements and wish to proceed with your evaluation.

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Patient Name

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Patient Signature

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Date