



FINANCIAL POLICY

Thank you for choosing our Office. We are committed to the success of your treatment. Accurate information and prompt payment will allow us to continue giving you the best possible care.

- A. If you DO NOT have insurance coverage, full payment is due at the time services are rendered.
- B. If you have insurance coverage:
 - 1) You must provide current, accurate health insurance information at the time of service. Claims that are denied due to inaccurate insurance information will become the patient's responsibility.
 - 2) We will be glad to bill maximum of (2) insurance companies.
 - 3) It is your responsibility to know your insurance plan and to verify coverage for other doctors, recommended test and laboratory. We will bill your insurance company, however any co-payment, co-insurance and or deductible are due at the time of your visit. If insurance does not pay within 45 days, you will be responsible for the bill.
 - 4) A \$25.00 service charge may be applied to patient account balances not paid within 30 days of receipt of our billing statement.
 - 5) If you fail to make payment in full for the services that are rendered to you, your outstanding balance (over 60 days) may be sent to a collection agency. In addition, you will be solely responsible for the fees assessed by the collection agency.
- C. Our practice is committed to your health care, and we ask that you do the same. Please give us a call 24 hours in advance if you are unable to keep your appointment, otherwise you will be subject to a no-show fee of \$150.00.
- D. Regardless of your insurance coverage, you are ultimately responsible for full and timely payment of all charges incurred in our practice.
- E. Prices are subject to change.

We accept cash, check, Visa, MasterCard, American Express and Discover.

Please sign that you have read and agreed to this financial policy.

Signature of patient or responsible party

Date signed

Print patient name

Print responsible party name

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