

PATIENT FINANCIAL POLICY

In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial policy. If you have any questions, please discuss them with our billing staff or office manager. We are dedicated to providing the best possible care and service to you and regard your complete understanding of our financial policies as an essential element of your care and treatment.

- ◆ Unless other arrangements have been made in advance by either you or your health coverage carrier, full payment for office services are due at the time of service. For your convenience we will accept VISA, Mastercard, Discover and American Express.
- ◆ Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your insurance claim for you if you assign the benefits to the doctor – in other words you agree to have your insurance company pay the doctor directly. If your insurance company does not pay the practice within a reasonable period, we will have to look to you for payment. If we later receive a check from your insurer we will refund any overpayment to you.
- ◆ We have made prior arrangement with many insures and other health plans to accept an assignment of benefits. We will bill those plans with which we have an agreement and will only require you to pay the copayment at the time of services. We will collect the copayment when you arrive for your appointment.
- ◆ If you have insurance coverage with a plan with which we do not have a prior agreement, we will prepare and send the claim for you on an unassigned basis. This means your insurer will send the payment directly to you. Therefore, our charges for your care and treatment are due at the time of the service.
- ◆ All health plans are not the same and do not cover the same services. In the event your health plan determines a service to be “not covered,” you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.
- ◆ For all services provided in the hospital, we will bill your health plan. Any balance due is your responsibility and we will bill you for these balances.
- ◆ For all services rendered to minor patients, we will look to the adult accompanying the patient and the parent or guardian with custody for payment.
- ◆ In order to provide the best possible service and availability to all our patients; please call us as early as possible if you know you will need to reschedule your appointment.
- ◆ I have read and understand the financial policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by the practice.
- ◆ The practice does accept monthly payments on large balances. The account must be kept current with a payment made every month. In the event this account is placed with a collection agency you will be responsible for all collections fees and / or attorney fees.

Signature of Patient or Responsible Party if a Minor

Date

Signature of Co-responsible Party

Date