



Financial Policy

As our patient, you are responsible for all authorizations/referrals needed to obtain treatment in this office. Unless other arrangements have been made in advance by you or your health insurance carrier, payment for office services are due at the time of service. We accept VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS, cash, or check.

- \$25.00 fee for any forms which requires completion by the doctor such as short term disability (STD), family medical leave (FMLA), etc. Please allow 5-7 business days for completion.
- 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. This allows the insurance company to pay the doctor directly.
- If your insurance company does not pay the doctor within a reasonable period, we will hold you responsible for payment of the services.
- We have made prior arrangements with insurers 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 co-pay/co-insurance/deductible at the time of service.
- 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, all charges for your care and treatment are due at the time of 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”, or you do not have an authorization, you will be responsible for the complete charge. Patients are encouraged to contact their plans for clarification of benefits prior to services rendered.
- For most services provided in the hospital, we will bill your insurance health plan. Any balance due is your responsibility.
- There are certain elective surgical procedures that require pre-payment. You will be informed in advance if your procedure is one of those. In that event, payment will be due one week prior to the surgery.
- Past due accounts are subject to collection proceedings. All fees including, but not limited to collection fees, attorney fees and court fees shall become your responsibility in addition to the balance due to this office.
- There is a fee of \$25.00 for all returned checks. Your insurance company does not cover this fee.
- We require a 24 hour notice for cancellation of appointments.
- If you have any questions about our financial policy please discuss them with our front office staff or the Office Manager.

Signature of Patient/Responsible Party: _____

Printed Name of Patient/Responsible Party: _____