

PATIENT FINANCIAL POLICY

- We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment. We have adapted the following policy to assist you with this necessary aspect of your care.
- Unless other arrangements have been made in advance by either yourself or your health coverage carrier, **full payment is due at the time of service**. For your convenience, we will accept Visa and Mastercard.
- Your insurance policy is a contract between you and your insurance company, the doctor is not involved.
- As a courtesy, we will file your insurance claim for you if you assign the benefits to the physician. In other words, you agree to have your insurance company pay the physician directly. If your insurance company does not pay the practice within a reasonable length of time, we will have to look to you for payment.
- We have made prior arrangements with many insurers and other health plans to accept an assignment of benefits. We can bill those plans for which we have an agreement and can only require you to pay the authorized co-payment 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, our 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*,” 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 is due upon receipt of a statement from our office.
- 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 **24 hours** prior to cancel or reschedule your appointment. There will be a charge of **\$75** if the appointment is **not cancelled** in the appropriate amount of time or if the patient is a “**no show**.”
- If you have any questions about the policy, please discuss them with our Practice Manager.
- ***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.***

Signature of Patient or Responsible Party (if a minor)

Date

Signature of Co-Responsible Responsible Party

Date

Please Print Name of the Patient