



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 about the policy, please discuss them with our office manager. We are dedicated to providing the best possible care and services to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

- Unless either you or your health coverage carrier have made other arrangements in advance, 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 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 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 will bill those plans for which we have an agreement and will only require you to pay the authorized co-payment at the time of service. We will collect the co-payment when you arrive for your appointment.
- If you have insurance coverage with a plan that 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.
- 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.

PATIENT'S SIGNATURE

DATE

PRINT PATIENT'S NAME