

Financial Policy

Thank you for choosing our practice for your health care needs. We are dedicated to providing quality, affordable care and excellent customer service to you. As a part of our professional relationship, it is important that you have an understanding of our financial policy. Please understand that payment of your bill is considered a part of your treatment.

**All patients must read and sign this form prior to receiving services.**  
**Payment of patient obligations is due at the time of service. We accept cash, check, credit and debit.**

**Insurance**

- It is your responsibility to provide us with your most current insurance information for each visit. If you fail to provide accurate insurance information, your insurance may deny the claim. If the claim is denied, you will be financially responsible for services rendered.
- We participate in most health insurance plans, including Medicare. If you are not insured by a plan we participate with or you are not insured, payment in full is expected at each visit. If you are insured by a plan we do business with but do not have an up-to-date insurance card, payment in full for each visit is required until you can provide a valid insurance card.
- Your insurance benefit is a contract between you and your insurance company; we are not a party to that contract. Knowing your insurance benefits is your responsibility.
- Please be aware that some or perhaps all of the services you receive may be non-covered or not considered reasonably necessary by Medicare or other insurers. You are financially responsible for services not covered by your insurance company.
- If you have an insurance plan which we participate with, we will submit your claims to the insurance plan and assist you in any way we reasonably can to help get your claims paid. Your insurance plan may need you to supply certain information directly. It is your responsibility to comply with their request. The balance of your claim is your responsibility whether your insurance company pays your claim or not.
- Co-payments, coinsurance and/or deductibles are due at the time of service. We will estimate the amount you owe based on information we receive from your insurance company. You are responsible for paying the full amount determined by your insurance company once they have paid your claim-regardless of our estimation.

**Self-Pay**

- Patients with no insurance coverage or patients without an insurance card on file are expected to pay at the time services are rendered.

**Billing**

- You will receive a statement (sent to the billing address you provide) notifying you of any balance you may owe. If you have any questions or dispute the validity of this balance, it is your responsibility to contact our office within 30 days after the receipt of the statement.
- **Payment is expected in full upon receipt of the statement.** Our offices accept payment by credit/debit card, cash, or check. If you are unable to pay the balance in full, you must contact our office to discuss a payment schedule.

**Card on file** – We offer this option as a convenient method of payment for the portion of services that your insurance doesn't cover, but for which you are liable. Your credit card information is kept secure and payments to your card are processed only after the claim has been filed and processed by your insurer, and the insurance portion of the claims has paid and posted to your account. You must sign a separate card on file agreement while in our office.

Failure to keep your account current or make payment arrangements may result in you not being able to receive services in our offices. Please be aware that if a balance remains unpaid, your account will be referred to a collection agency and you and your immediate family members may be discharged from the practice.

I hereby acknowledge that I have read this document and understand my financial responsibility for services provided, and agree to abide by the above guidelines.

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Signature of Patient / or Legal Guardian      Date      Relationship to Patient (if applicable)