

# Our Financial Policy

**Thank you for choosing us as your health care provider and we are dedicated to providing the best possible care for you. Please understand that payment of your bill is considered part of your treatment and as such we want you to completely understand our financial policies.**

- 1. Payment is due at the time of service unless arrangements have been made in advance with the billing department.** We accept Visa, MasterCard, American Express, and Discover.
2. Keep in mind that your insurance policy is basically a contract between you and your insurance company. As a service to you, we will file your insurance claim 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.
3. We have made prior arrangements with many insurance companies and other health plans to accept an assignment of benefits. We will bill them, and you are required to pay a co-payment at the time of your visit. **If you are unable to pay your co-pay or co-insurance amount at the time of service your appointment will be rescheduled.** If you would like to stay for the appointment we will bill you for the patient portion and an additional \$25.00 service will be added to the account.
4. If you are insured by a plan that we do not have a prior arrangement with, we will prepare and send the claim for you on an unassigned basis. **This means the insurer will send the payment directly to you.** Therefore, our charges for your care are due at the time of service.
- 5. Not all insurance plans cover all services.** In the event your insurance 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.
6. We will bill your insurance company for all services provided in the hospital. **You are responsible for any balance due.**
7. Any account with a Patient Balance due will be payable upon receipt of a statement or letter from the billing department. **There will be a \$1000 cap placed on all Patient Owed balances.** When an account reaches a Patient Balance due of \$1000 all future appointments will be cancelled until arrangements can be made with the billing department or the balance is paid in full.

**\*\*\* Patients may request a consultation with an Account Manager or the Practice Manager at any time. We welcome the opportunity to assist you in any financial matter. Please do not hesitate to contact us with questions, for assistance, or insurance clarification. We are here to help! \*\*\***

**I have read and understand the practice’s financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.**

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Signature of patient or responsible party

Date

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Please print the name of the patient