

FINANCIAL POLICY

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy, or your responsibilities. ALL PATIENTS MUST COMPLETE our "Patient Information Form" before being seen.

Regarding insurance:

If you have insurance that is an HMO or PPO, your copayment is due on arrival. We accept payments in cash, check, VISA or MasterCard. YOU MUST HAVE YOUR REFERRAL WITH YOU, if applicable, or we will need to RESCHEDULE your appointment.

If you have insurance, which is an 80/20 plan, we will help you receive maximum benefits. If we accept your insurance, you must pay at least 20% of total charges (some procedures require 50% or more). If your insurance company has not paid the **FULL BALANCE** within 90 days, you are responsible for the balance within 15 days upon receiving the notice. If your insurance company pays more than the balance due, we will send you a refund check within 30 days. YOU ARE RESPONSIBLE FOR THE TIMELY PAYMENT OF YOUR ACCOUNT.

Insurance is a contract between you and your insurance company. It is your responsibility to understand the terms and conditions of your insurance. For the most part, we are NOT a party to this contract. We will inform you if we are a party to this contract, and will handle your claims according to our agreement with the insurance company. We file insurance claims as a courtesy to our patients. Our office strives to provide optimal care to all patients. We will not become involved in a dispute between you and your insurance company regarding deductibles, copayments, covered charges, non-covered charges, secondary insurance, "usual and customary" charges, etc., other than to supply factual information as necessary. You are responsible for maintaining an updated insurance card with this office, and, if required, to ensure that your referral is current.

SPECIAL NOTE: Although we only order what tests we consider to be necessary, some insurance carriers do not provide coverage for all testing and/or services. It is ultimately the responsibility of the patient to verify covered and non-covered services.

Patients without insurance:

Patients are responsible for FULL PAYMENT at the time of service, including minors accompanied by her parents/guardians.

Charges for non-emergency treatment need to be paid by cash, check, VISA or MasterCard at time of service or treatment will be denied, unless the billing department has prearranged an approved payment plan.

Unaccompanied minors:

Parent(s) or guardian(s) are responsible for FULL PAYMENT.

Medicare/Medicaid/Worker's Compensation:

If you are covered by Medicare, Medicaid, Worker's Compensation, or any other government sponsored program, please discuss your payment with our office staff prior to the date of service.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

Responsible Party Signature _____ Date _____