

OUR 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 responsibility.

- All patients must complete our "Patient Information Form" before seeing the doctor.
- FULL PAYMENT IS DUE AT TIME OF SERVICE.
- WE ACCEPT CASH, CHECKS AND VISA, MASTERCARD or DISCOVER.

If you feel you will not be able to pay the balance of your account as each service is rendered, you will need to discuss the advantages of using one of our various payment options including interest free financing.

REGARDING INSURANCE

If you have insurance, we will help you receive maximum benefits.

We will NOT accept insurance on your first visit. However, we will help you complete claim forms so that you can be reimbursed by your insurance company to the extent of your coverage.

On subsequent visits, we MAY accept your insurance if you obtain approval from our office staff prior to the date of service. If we accept your insurance, you must pay at least 30% of total charges at time of service (some procedures require 50% payment). If your insurance company has not paid the FULL BALANCE within 45 days, you have 15 days to pay the balance.

Insurance is a contract between you and your insurance company. We are NOT a party to this contract, in most cases. (We will inform you if we are a party to your insurance contract, and will handle your claims according to our agreement with the insurance company, if one exists.) **We file insurance claims as a courtesy to our patients.** We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, "usual & customary" charges, etc., other than to supply factual information as necessary.

You are responsible for the timely payment of your account.

MISSED APPOINTMENTS

Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments, at our normal hourly office visit rate. Please help us serve you better by keeping scheduled appointments.

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

Responsible Party Signature _____ Date _____