

FINANCIAL POLICY

Thank you for choosing our office for your medical care. The following is our Financial Policy which we require that you read and sign prior to treatment.

Patients who have co-pays for office visits will be required to pay that amount at the time of the visit. We accept cash, check, Mastercard, Visa, American Express and Discover.

Failed, cancelled appointments with less than a 24 hours notice to the office will be subject to a failed appointment fee. If you arrive more than 15 minutes late to your scheduled appointment time we may ask you to reschedule your appointment.

Patients are responsible for knowing and understanding their insurance benefits, including deductibles and co-pays. Please verify your eligibility with our doctors and coverage to determine what your out-of-pocket responsibilities are PRIOR to your first visit.

Patients must provide our office with current insurance information, including insurance cards and photo identification each time the insurance cards are updated by your health plan. If these items are not provided, the patient will be responsible for the balance in full at the time of service. Our office will attempt to verify the patient's coverage, in the case where we are unable to verify coverage; the patient will be responsible for the balance at the time of service. If the patient is later determined as having coverage, and when payment is received from the health plan, the patient will be refunded any monies paid, less co-pays and deductible due the office. Yearly updates are required.

If any balance remains after your insurance company has paid, you will receive a statement from our billing department. All balances are due within 30 days of the date shown on your billing statement. Any account balance over 60 days will be considered delinquent and may be turned over to our collection agency, which will result in additional collection fees and dismissal as a patient of our office.

Patients who do not have insurance coverage will be required to pay at the time of service for office visits, procedures, injections etc. Any unpaid balance after 30 days from the time of service will be turned over to our collection agency and dismissal as a patient of our office.

Workers Compensation: Our office does not treat or bill any worker compensation carrier. Your employer will provide a treating physician for work related injuries and/or stress or mental health issues relating to the patients work.

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I have read and understand the Financial Policy. I acknowledge that it is my responsibility to ensure full payment of my account.

Print Patient Name

DOB

Signature of Patient or Responsible Party

Date