**Financial Responsibility Form**

**Important – Please Read!**

 Payment is expected at the time services are rendered, including non-covered portions of insurance.  Please note: most policies pay only a portion of your total charges. If you have questions about your coverage, please contact your insurance representative. While we do call insurance companies to receive benefit information, we cannot guarantee the accuracy of the information provided.  Please understand that financial responsibility for your account is ultimately yours, not that of your insurance company.   We are pleased to be able to provide the service of filing your insurance and will forward a bill of any unpaid benefits should there be any.   Accounts 90 days old are subject to collection fees and will be transferred to a collection agency.  There will be a service charge of $30.00 on all returned checks. Additionally, missed appointments without notice will incur a $40.00 penalty charge.

Your signature acknowledging your agreement to this financial statement will be requested upon your arrival to the office.

**We ask that you call our office to cancel or reschedule an appointment 24 hours in advance. All cancellations and no shows that are not obtained 24 hours before appointment time will be charged $40.**