

Financial Policy



Insurance Policies

You are responsible for understanding your insurance policy, including annual maximums, deductibles, frequency limitations, copayments and ensuring it is active at the time of service. **We will submit to your insurance as an out of network provider.** Please be aware of your plan's terms regarding in or out of network providers.

We do our best to estimate your portion, which is **due at the time of service.** Remember, this is just an estimate and you may have additional charges depending on your insurance plan.

If your insurance reimburses you directly (versus sending the check to the office) you are required to pay in full at the time of service.

If insurance has paid in full and you still have an existing balance with the office, you will receive a bill which will be **due within 30 days** of the date of service

If an account is not paid within 90 days of the date of service and no financial arrangements have been made, you will be responsible for legal fees, collection agency fees, interest charges and any other expenses incurred in collecting your account.

Payment Policies

Payment is due at the time of service and we accept the following:

- Cash, money orders and personal checks. All returned checks would be charged a fee of \$25.00
- Credit Card
- Care Credit-patient payment plans that allow you to pay over time

Cancellation Policy

If you find the need to reschedule your appointment, kindly give our office at least **24 hour notice**, so we may accommodate another patient who may be waiting for an appointment. Any cancellation or no show for an appointment without required 24 hour notification may be subject to a **\$40.00 fee.**

Print Name: _____

Signature: _____ Date: _____