PRACTICE FINANCIAL POLICY

If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our financial policy.

- Co-payments for office services are required at the time you register.
- As a courtesy, we will process and file your insurance claims for services at no cost to you.
- For services that are covered by insurance, the practice requires payment of the total estimated charges or the co-payment specified by your insurance before a procedure will be scheduled.
- For services that are not covered by insurance, the practice requires payment of 100% of total charges unless payment arrangements have been worked out.
- 24 hour notice is required for cancelled appointments to avoid a $50.00 No Show fee.
- Returned checks are subject to a handling fee of $25.00. In the event your account must be turned over for collection, you will be billed and are responsible for all fees involved in that process.
- Accounts that are unpaid for over 90 days will be sent to a collection agency. Account balances sent to a collection agency will be increased by 25% to cover the cost of the collection agency.
- On Accounts that payment arrangements have been made and have defaulted, or on accounts that are over 90 days old with no communication or payments received, clinic services will no longer be provided until the account is paid in full.

You must realize that:

1. Your insurance is a contract between you and your employer and/or the insurance company. While we may be a provider of services, we are not a party to that contract. We encourage you to contact your insurance carrier personally in order to remain informed of your benefits.

2. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover or which they may consider medically unnecessary, and, in some instances, you will be responsible for these amounts. We will make every effort to ascertain your coverage for our services before treatment and will make you aware of our findings. However, this does not guarantee payment from your insurance carrier.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. We will allow you 90 days to pay any balance remaining after insurance payment. If you have any questions about the above information, or any uncertainty regarding your insurance coverage, please do not hesitate to ask us. We are here to help you.

PLEASE READ THE ABOVE CAREFULLY BEFORE SIGNING. By signing below, I acknowledge that I have read and understand this policy.

Signature:_____ Date:_____

(Patient and/or Responsible Party)