

## Our financial policy

***We are dedicated to providing the best possible care for you, and we want you to completely understand our financial policies.***

- 1. If you do not have insurance or we do not participate with your insurance company, payment is due at the time of service.** We accept Visa and MasterCard, checks and cash.
- Keep in mind that **your** insurance policy is basically a contract between **you and your** insurance company. *As a service to you, we will file your insurance claim with insurance companies we currently have relationships with.*  
**You are responsible for knowing the details of your insurance plan. If any referrals are needed or any other information you need to provide to the insurance company, you are responsible for doing so within 30 days of your receiving such notice from us or your insurance company. If your visit is denied because of any negligence on your part, you are responsible for the bill.**  
*If your insurance company does not pay the practice within a reasonable period, we will have to look to you for payment. If we later receive a check from your insurer, we will refund any overpayment to you.*
- We have made prior arrangements with many insurance companies and other health plans to accept an assignment of benefits. We will bill them, and you are required to pay a co-payment at the time of your visit. All co-insurance or deductible amounts will be due within 30 days of the date of the statement.
- If you are insured by a plan that we do not have a prior arrangement with, we will prepare and mail you a claim for you on an unassigned basis. This means the insurer will send the payment directly to you. Therefore, our charges for your care are due at the time of service. If for some reason your insurer pays us, we will send you a check for the amount they pay within a reasonable amount of time after we receive it.
- 5. Not all insurance plans cover all services. In the event your insurance plan determines a service to be “not covered,” you will be responsible for the complete charge. Payment is due within 30 days from the date of the statement from our office.**
- If you do not meet your financial obligations for payment on any medical services received at our office within 90 days of us sending you a statement, we have the right to turn your account over to a collection agency.
- As of 5/1/2007 we will be assessing a fee for patients that come in close to closing time and we see them after our normal closing hours. Some insurance companies pay for this fee, while others do not.

I have read and understand the practice's financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.

**X** \_\_\_\_\_  
Signature of patient (or responsible party, if minor) Date

**X** \_\_\_\_\_  
Please print the name of the patient

Please turn page over

