

FINANCIAL POLICY

** Please read thoroughly and sign below **

- * **Before** you receive treatment we will collect your co-pay, deductible, co-insurance, and any non-covered services that we have verified to be your responsibility. Please be prepared to pay before you have seen the provider. It is our office policy to work with our patients if there is financial difficulty. You need to notify us if you cannot make payments so that our billing department can work with you.
- * Our office will not change a diagnosis code in order for services to be covered by your insurance plan. If the reason for your visit is a non-covered benefit by your insurance company, you will be expected to pay in full for your services.
- * **It is the patient's responsibility, not our office, to obtain any required referrals or authorizations prior to being seen.** Without proper authorizations we will be forced to reschedule your appointment. If you see the provider without proper referrals or authorizations, you will become fully responsible for all charges incurred at the time of service and expected to pay in full for services rendered. Insurance companies will not back date referrals or authorizations.
- * We will attempt to get referrals for follow up visits. **HOWEVER, if you change primary doctors or change to an insurance that requires referrals you will be responsible for informing us prior to your date of service of that change or you will be responsible for that date of service.**
- * As a courtesy we verify all benefits prior to your appointment and will file your insurance claim, providing we are a participating with the plan and you have supplied us with complete and accurate information.
- * If your visit remains unpaid by your insurance company after 45 days, you need to contact them to help expedite payment. If your insurance company denies payment, you will be required to pay the balance in full within a timely manner.
- * Self pay patient, patients without insurance coverage, and patients covered by plans in which we do not participate, are required to make payment at time of service. We accept Visa, MasterCard, American Express, Discover, and cash.
- * There will be a \$30.00 charge for all returned checks.
- * There will be a \$10.00 penalty charge for all accounts over 180 days. These accounts will be turned over to a collections agency at that time and other interest and penalty charges may apply.

If you have any questions regarding our policy, please inquire prior to being seen.

Patient Name (Print)

DOB

Signature

Date