

FINANCIAL POLICY

PLEASE READ: We are dedicated to providing you with the best possible care and service, and regard your understanding of our financial policies as an essential element of your care and treatment. To assist you, we have the following financial policy. If you have any questions, please feel free to discuss them with our staff or the office manager.

Full payment is due at time of service, unless either you or your health coverage carrier makes other arrangements in advance. If we are a participating provider on your insurance plan, we will file the claim as a courtesy to you. However, all patient co-payments, deductibles and co-insurance amounts are due at the time of service.

Please initial your acceptance and understanding of the following policies:

_____ (initial here) We do not accept LOP (letter of protection) from attorneys.

_____ (initial here) We do not accept PIP (personal injury protection) insurance policies.

_____ (initial here) We only accept limited workers compensation policies, which must be pre-approved.

REGARDING YOUR INSURANCE

Please call the customer service number on the back of your insurance card and confirm that we are in your plan as an in network provider. Due to constant changes in these plans we are unable to keep a current list updated at all times and would appreciate your participation in this process.

We have existing relationships and/or contracts with many insurance carriers and health plans. We will file for all in-network carriers and will collect any patient responsibility including co-payments, deductibles and/or co-insurance amounts at the time of service. In the event that we will bill you, payment is due upon receipt.

If you have insurance coverage with a plan with which we are not contracted, we will prepare and send the claim for you, on an unassigned basis. In this case, your insurer will send the payment directly to you. Therefore, charges for your care and treatment are due at the time of service.

We will also bill your health plan for all services that we provide in the hospital. Any balance due is your responsibility and is due upon receipt of a statement from our office.

Outstanding balances not paid within 90 days will be forwarded to a collection agency and reported to all major credit bureaus.

MISSED APPOINTMENTS

In order to provide the best possible service and availability to all our patients' appointments should be cancelled or rescheduled at least one-day prior. This will allow us to give this time to someone else waiting for an appointment. Failure to provide at least 24-hour advance notice will result in a no-show/cancellation fee of \$35.00.

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

Signature of Patient

Date

Signature of Co-responsible Party (if applicable)