



Office Financial Understanding

We love our patients and try to work with them and their insurance the best we can. That being said, we must explain our financial policy.

Payment is expected at the time service is rendered.

We accept the following forms of payments: Cash, Check, Visa, MasterCard, American Express, and Discover.

Insurance:

Professional services are rendered and charged to you, not the insurance company. Please understand that the contract is between you and your insurance company and payment for services is YOUR responsibility. We will accept assignment on claims for your insurance. Our office will not enter into a dispute with your insurance over your claim. This is your responsibility and obligation. We will file your claim one time. If at the end of 60 days your insurance company has not paid, you are responsible for the entire balance. Upon request, we will issue you with a copy of the claim, so you can resubmit if necessary.

In order to honor any insurance benefits, you must provide insurance identification (ie: insurance card, social security information, etc.), and we will verify the current benefits available.

Broken Appointment Policy:

Please consider your scheduled appointment carefully. We require a 24 hour notice for cancellations and re-schedules. Failure to do so will result in a \$5 cash penalty. All proceeds will be donated to the Children's Miracle Network.

Office Fees:

If you issue a check for insufficient funds, or place a stop payment in an issued check, you will be charged a \$25 processing fee.

In the event that your account becomes 90 days past due, you will be assessed a \$10 monthly fee, until the balance is paid in full. If your account is turned over for collections, you will be responsible for all additional fees incurred through our collections agency.

I have read and understand the statements outlined above.

Signed _____

Date _____