

Financial Policy

Patient's Full Name: _____

Please review the information below regarding our office's financial policy. This information is meant to help you to understand your responsibility regarding charges incurred in our office.

1. It is your responsibility to determine if we participate with your insurance or managed care plan. If services are rendered and you find that we are not participants in your insurance plan, the charges incurred at your visit and any subsequent claims resulting from this visit not paid for will be your responsibility.
2. If we participate with your insurance plan, we will bill both your primary and secondary insurances as a courtesy to you. You will be responsible at the time of service for:
 - a. Co-Payments
 - b. Any charges for non-covered services
 - c. Any balance remaining on your account which your insurance did not cover
 - d. Any deductibles/co-insurance
3. We will NOT change or add any coding in the office to make your insurance pay for your visit. If you feel that a charge was made in error, we will have our coding department review the office notes to determine if charges were entered correctly.
4. **MEDICARE PATIENTS**-Even though we are Medicare providers, some services are NOT covered by Medicare. We will do our best to determine those up front and let you know in advance of the non-covered charge. In the event that Medicare determines that coverage does not apply and you have signed the appropriate paperwork, you may be responsible for:
 - a. Any charges for non-covered services
 - b. Any balance remaining which Medicare or your secondary insurance (if applicable) denies coverage
 - c. Any deductible
 - d. Any co-payments or co-insurance
5. If you have no health insurance, payment in full is expected at time of service
6. If we receive a returned check due to NSF, a fee of \$25 will be charged to your account
7. If you are unable to keep your appointment and fail to give adequate notice, you will be assessed a \$40 No Show fee
8. We accept cash, check and credit card
9. Any additional questions related to billing can be answered at our Central Billing Office 1-888-422-7720

Your signature below will reflect that you have been made aware of our financial policy and your financial responsibility regarding charges incurred in our practice.

Patient/Guardian Signature

Date

Parent name if minor