



FINANCIAL POLICY

PLEASE INITIAL BESIDE EACH STATEMENT TO ACKNOWLEDGE THAT YOU HAVE READ THEM

Full payment is expected on the day medical services are provided unless you have health insurance coverage with a plan that we have a written agreement. If you do not have an insurance plan that we have a written agreement with then you are responsible for that days visit. _____

DEDUCTIBLE: an amount you must pay first out of your own pocket each year before your insurance will pay for any service _____

CO-PAY: an amount you must pay before each visit to a doctor designated by the insurance company. Co-pays fees vary depending on the insurance plan you opted for or your employer has opted for. _____

ALLOWABLE AMOUNT: Payment amount your insurance company allows for the charges billed _____

CO-INSURANCE: an amount which is usually a percentage of the allowable amount that your insurance company will not pay. For example if your insurance company pays 80%, you are responsible for 20% _____

We will need a copy of the front and back of your insurance card at your initial visit. We expect you to inform us of any change in coverage that may occur and provide us with an insurance card to copy at that time _____

If you have two (2) medical insurance plans, it is your responsibility to inform us which plan is your **PRIMARY** (first) coverage and which plans is your **SECONDARY** (second) coverage, you must inform us if one or both insurance plans change or are no longer effective. _____

Our financial policy offers you a number of payment options to choose from. You may **use CASH, CHECK, VISA or MASTERCARD**, or a pre-approved **EXTENDED PAYMENT PLAN** _____

Some insurance plans require a referral from your primary care physician. You are responsible for obtaining this referral prior to your visit, or full payment will be expected for the medical services rendered. If your referral expires we try to call you a week in advance as a courtesy to let you know you need a new referral. This is not always possible, so it is ultimately your responsibility to keep track of your referrals. _____

PATIENT OR LEGAL GUARDIAN SIGNATURE

DATE