



FINANCIAL POLICY

(PLEASE READ ALL OF THE BELOW BEFORE SIGNING. NOT SIGNING OR MARKING THROUGH THIS FORM DOES NOT ELIMINATE YOU FROM ANY OF OUR POLICIES, IF YOU AGREE TO TREATMENT, THESE POLICIES WILL BE ENFORCED)

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.

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 your insurance company and are due prior to seeing the doctor when you sign in. Co-pay fees vary depending on the insurance plan you opted for or your employer has opted for. Your co-pay may change from year to year and it is your responsibility to know this and inform us of any changes

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%

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.

PAST DUE ACCOUNTS: We make every attempt to work with patients for an agreeable amount if payments need to be made on balances left from insurance, however if it becomes necessary to collect any sum of money through an attorney or collection agency, then the patient/guarantor agrees to pay any and all reasonable costs of collection, including attorney's fees, whether suit is filed or not. In the event the account is taken to court, patient/guarantor is responsible for any and all court costs incurred.

DIVORCED/SEPARATED PARENTS: The parent bringing the child for treatment is responsible for any co-pay due at the time of service or balances left after insurance. We, the physician's office do not get involved with the financial arrangement between the parents. That is an issue that must be resolved by the two parents.

Our financial policy offers you a number of payment options to choose from. You may use **CASH, CHECK, VISA, MASTERCARD, DISCOVER or CARE CREDIT.**

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 do not have an insurance plan that we have a written agreement with then you are responsible for that days visit.

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.

NO SHOW APPOINTMENTS: There will be a \$50 fee for missed appointments not cancelled 24 hours priore.

PATIENT OR LEGAL GUARDIAN SIGNATURE

DATE