

Financial Policy Agreement

Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve this goal.

According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances. These amounts are determined by your medical benefits. Co-payments are due at time of service. For scheduled appointments, prior balances must be paid prior to the visit.

It is your responsibility to understand your benefit plan. It is your responsibility to know if a written referral or authorization is required to see specialists, if preauthorization is required prior to a procedure, and what services are covered. It is up to you to know if you have benefits for these services. If benefits are denied, you are responsible for payment in full. Coverage and benefits disputes should be addressed to your insurance company, not office staff or physicians.

If you have no insurance, payment for an office visit is to be paid at the time of the visit.

We require 24-hour notice for canceling any appointments. There is a \$45 charge for missed or canceled appointments if a 24-hour notice is not given.

A \$20 fee will be charged for any checks returned for insufficient funds.

I have read and understand this financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined above:

PATIENT SIGNATURE: