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## Financial Policy

**Patient Name** \_\_\_\_\_ **Date** \_\_\_\_\_

We've created this Financial Policy Statement for your benefit, so you fully understand your financial obligations associated with the care you'll receive from us.

### Office Services

1. If we do not participate with your insurance plan, we will file a claim for you as a courtesy, however payment in full is due at the time of service unless other arrangements have been made with our staff prior to your appointment. Our registration staff will be glad to assist you in determining if our office participates with your insurance plan.
2. If you have an insurance that we are a participating provider for and the services which you are here for are expected to be covered expenses, we will gladly file your insurance claim for you. Initially, we cannot bill your insurance unless you bring in your current insurance card. You will be billed for any amount that your insurance company leaves to your responsibility. Please pay any contract co-payment amounts at the time of service. If your insurance company has not paid on your account in 45 days, the balance will be transferred to your responsibility. We will send you a statement at that time.
3. Should, for any reason, your account be referred to a collection agency, **you** will be responsible for any/all charges associated with or levied by the assigned collection agency as well as any/all outstanding payments due this Center.

### Insurance Company Coverage

Individual insurance companies use a predetermined fee schedule as a payment amount base. This will show up on the insurance explanation of benefit coverage forms that you and the physician receive and are described as "allowable amounts." The allowable amount as defined by your insurance company may not always cover the full amount of the physician charges. Payment from your insurance company will vary depending on your policy and the contract agreed upon when you enrolled for coverage. Variables include deductibles, co-insurance, and non-covered services. It is your responsibility to check with your insurance company to determine these variables as we cannot anticipate how much your insurance company will pay on a claim. When we verify coverage with your insurance company, they always state that "This is not a guarantee of payment. Payment or coverage will be determined at the time the claim is submitted." We will strive to collect payment from your insurance company and to provide the insurance company with any information necessary to process your claim, but the patient or responsible party is ultimately liable for all charges incurred. If you have any questions about any portion of your bill or our policy, please contact our office staff.

We do understand that on occasion it may be difficult for you to keep a scheduled appointment. However, **24-hour advance notice must be received to avoid a \$25 cancellation fee.** Checks returned for overdraft or insufficient funds are subject to any/all applicable fees.

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date

***The Care You Need. The Compassion You Deserve.***