

OUR FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to making health care less stressful and more effective by clarifying financial responsibilities in advance. The following is a statement of our Financial Policy which we require that you read, agree to and sign prior to any treatment.

All patients must complete our "WELCOME SHEET" before seeing the doctor. All co-pays will be honored if we participate with your insurance carrier after the initial visit. All subsequent visits require the co-payment at the time of service.

INSURANCE

YOUR INSURANCE POLICY IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance unless you bring in all insurance information. We cannot submit insurance without a copy of your card. Regardless of the insurance company's determination of usual and customary rates or amount of assignment, you are required to pay the full amount charged unless we are contracted with your insurance company to accept assignment. In the event of a default, you agree to pay, whether or not legal proceedings are instituted, reasonable collection agency fees and all reasonable attorney fees as a result of this default. Interest will accrue at the rate of 8% per annum on past due balances.

PLEASE BE AWARE THAT SOME AND PERHAPS ALL OF THE SERVICES PROVIDED MAY BE "NON-COVERED" SERVICES AND NOT CONSIDERED REASONABLE AND NECESSARY UNDER THE MEDICARE PROGRAM AND/OR OTHER MEDICAL INSURANCE.

MINORS

The parents(s) or (guardians) accompanying a minor are responsible for the payment. Minors must be accompanied by a parent or legal guardian to be treated.

Signature of patient or person acting on patient's behalf

Date