



Thank you for choosing us as your health care provider. We are committed to providing you with the best possible care. The following is a statement of our Financial Policy which we require you to read and sign prior to any treatment.

All patients must complete our information and insurance form before seeing the Doctor.

Payment is due at the time services are rendered unless payment arrangements have been approved in advance.

Returned checks are subject to additional collection fees.

Regarding Insurance:

_____ We may accept assignment of insurance benefits. However, we do require your estimated % of the bill to be paid at the time of service. The balance is your responsibility whether your insurance pays or not. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event we do accept assignment of benefits we require that you provide a credit card with authorization to bill that account for the balance. If your insurance company has not paid your account in full within 45 days, the balance will be automatically transferred to your credit card.

_____ Please be aware that some and/or all of the services provided may be non-covered services.

_____ Regarding insurance plan where we are a participating provider: All co-pays and deductibles are due prior to treatment.

_____ Our practice is committed to providing the ideal treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

_____ Minor patients: The adult accompanying a minor (less than 18 year old) and the parents (guardians) are responsible for full payment.

_____ Missed appointments: Unless cancelled at least 24 hours in advanced, our policy is to charge for missed appointments at the rate of a normal office visit.

Thank You.

I have read, understand and agree to this Financial Policy

Signature Responsible Party _____ Date _____
Co-Responsible Party _____ Date _____