



PATIENT PAYMENT POLICY

Thank you for choosing our practice! We believe that establishing a written financial policy is mutually beneficial for all parties. It is our goal to avoid any miscommunication or concerns regarding financial matters in order to focus our energies on providing healthcare services to our patients. Your insurance coverage and benefits are a contract between you and your insurance. Each plan has different benefits for you as well as different financial obligations. Not all insurance policies cover all services. It is your responsibility to file all charges with any secondary insurance carriers for reimbursements.

If you have insurance coverage under a plan with which we do not have a contract, you will be treated as a “self-pay” patient and will be provided documentation to assist you in filing your own claim. We offer a reasonable discount for our cash paying patients. We will give you an estimate of what will be due at the time of service and payment for services is due at the time of service. Co-pays are due at the time of registration.

On occasion, a patient may need specialized testing or surgery. Diagnostic testing and surgical co-insurance/deductibles are due prior to surgery. Your financial obligation will be verified with your insurance company and communicated to you at least 24 hours prior to services being rendered.

The following are our financial guidelines relative to financial responsibility:

- We accept the following forms of payment: CASH, CHECK, DEBIT CARD, VISA, & MASTERCARD.
- We are participating providers with Medicare, Medicaid, Worker’s Compensation and most Managed Care Plans.
- There is a \$35 fee for the completion of any disability forms.
- There is a \$35 No-show fee for missed appointments; no fee will be charged if appointment is cancelled with 24 hours’ notice.
- A service charge of \$35 will be added for:
 - Returned checks or Re-filing of insurance due to incomplete or incorrect information given at the times of service.
 - Administrative fees associated with accounts turned over to collection agencies.
 - Accounts will be turned over to a collection agency if past due 60 days or more.

I understand that I am responsible for all collection costs involved with the collection of this account including court cost, reasonable attorney fees and all other expenses incurred with collection if I default on any unpaid balances. We appreciate the opportunity to serve you. If you have any questions regarding this policy, please let us know.

Patient (or responsible person): Signature _____ Date: _____