

FINANCIAL POLICY

(Please Read Carefully)

We are dedicated to providing you the most efficient care and service possible. Your understanding of our financial policy is an essential element of your care and service. If you have any questions regarding any aspect of our policy, please feel free to present your question to any of our staff.

Full payment is due at the time of service. If you have insurance, and you have signed an “Assignment of Benefits” statement, we will bill your insurance carrier for you. Any balance that remains on your account is due upon receipt of a statement from our office unless prior arrangements have been made with our billing department. Co-payments are due at the time of your appointment and if are unknown, will be billed thereafter if required.

It is your responsibility to know the details of your particular insurance policy. Please be aware that not all services are covered by all carriers. Services which are not covered by your insurance are your responsibility. Diagnoses and services are carefully documented to comply with federal law. Under no circumstances will these be changed, altered, or falsified in order to obtain coverage by insurance. If your insurance has a co-payment policy, the co-payment is due at the time of service. If you have a deductible, you are responsible for all charges until the deductible is met.

If your insurance carrier has a “network” of providers, it is your responsibility to make sure that we are an “in-network” provider. We will still be happy to provide services; however, the percentage of charges for which you are responsible will be greater.

It is your responsibility to make sure we have accurate insurance carrier information and billing information. If a claim is unsuccessful because of flawed insurance or billing information, you will be responsible for the balance.

The patient agrees to waive all HIPAA Privacy rights related to services if contesting fees, to include credit card payments or chargebacks, after services rendered.

I have read and understand the practice’s financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.

Responsible Party

Date

Witness