

Our Financial Policy

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that the payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to treatment.

All patients must complete our information and insurance forms before seeing the doctor.

- We accept cash, checks, Master Card and Visa
- We offer an extended payment with prior approval
- Your co-payment is due at the time of service
- You will be billed what the insurance does not pay

Regarding Insurance

Whether you're insurance pays or not, you are responsible for the balance. We do require your co-payment or co-insurance (10%, 20%, etc.) to be paid at the time of service. Please be aware of the requirements of your plan. We cannot bill your insurance unless you bring all of your insurance information. Your insurance policy is a contract between you and your insurance company; we are not a party to that contract. Please be aware that some, perhaps all of the services provided may be covered services and not considered responsible and customary under the Medicare Program and/or other medical insurance.

Usual and Customary Rates

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

If your account must be turned over to a collection agency, you will be held responsible for all collection fees. In addition, you will be held responsible for any legal and court fees.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read the Financial Policy. I understand and agree to this policy.

X _____ Date _____
Signature of patient or responsible party

X _____ Date _____
Signature of co-responsible party