



FINANCIAL POLICIES

Thank you for choosing us as your healthcare provider. Our main concern is that you receive the highest quality care to maintain or restore your health. The financial arrangements we make regarding this care should be clear up front, and are as follows:

- 1—Your insurance policy is a contract between you, your employer, and your insurance company; we are NOT a party to that contract. Our relationship is with you, not your insurance company. We file claims with insurance companies as a courtesy to you. We may not be affiliated with all insurance companies, so ask before services are rendered if we are able to file claims with your insurance.
- 2—Deductibles and co-payments will be collected at the time services are rendered. These are required by your insurance company, and agreed upon by you when you accept their insurance. We also must contract with insurance companies, agreeing to collect co-pays and deductibles in order to participate with their plans.
- 3—If no payment is received from your insurance company after 30 days, we will re-file the claim. If no payment is received after 60 days, the balance will be your responsibility to pay. As a result, statements are often delayed a couple of months as we attempt to collect from your insurance company.
- 4—All charges are your responsibility whether or not your insurance pays for them. Not all services are covered benefits in all contracts. Insurances select certain services they will not cover, and most charges are subject to usual and customary fees.
- 5—If you prefer to pay personally for medical care, we may offer you a discount. Self pay patients need to pay for services in full at the time services are rendered.
- 6—Cash, checks and some credit / debit cards will be accepted.
- 7—Returned checks are subject to a \$30.00 fee to offset the cost charged by our bank. This is in addition to the payment that was being made by the returned check.

If you have questions or concerns about our financial policies, please ask our office staff. We understand that temporary financial problems may affect timely payments to your balance. Please communicate any such problems so that we can better serve you.

Signing this document indicates you understand our financial policies and agree to follow them.

Again, thank you for choosing us as your health care provider. We appreciate your trust and the opportunity to serve you.

Patient/Guardian Signature

Date