

## OUR FINANCIAL POLICY

We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy or your financial responsibility.

- **COPAYMENTS-** By contract we **MUST** collect your carrier designated copay at the time of service. Please be prepared to pay that copay at each visit.
- **NON-COPAY PLANS-** If your plan does not require a copay and we participate , we will accept the designated fee. You are responsible for any **DEDUCTIBLE** and balance your plan indicates on the explanation of benefits.
- **REFERRALS-** If your plan requires a referral from your primary care physician it is **YOUR** responsibility to obtain it prior to your appointment and have it with you at the time of your visit. If you do not have your referral, **YOU WILL BE REQUIRED TO SIGN A FINANCIAL WAIVER.** It is your responsibility to provide us with the referral as soon as possible. Referrals do have expiration dates. Please check before scheduling your follow-up visits or else you are responsible for the visit.
- **NON PLAN PATIENTS-** Payment is expected at the time of service unless other financial arrangements have been made prior to your visit. Your itemized receipt should be attached to your insurance form and sent to your carrier, who will reimburse you directly.
- **MEDICARE-** We will submit to Medicare for the Medicare allowed amount. The patient will be responsible for the deductible and the 20% co-insurance, which can be billed to a secondary insurance if you have one.

Our office does have a financial policy for no-show patients and same day cancellations. We require 24 hours notice prior to the appointment. We reserve the right to charge \$75 for continued no shows and same day cancellations. All patient financial responsibilities are to be paid at the time of service. There is a service fee of \$50 for returned checks. In the event that collection efforts have to be made to an outside collections agency or to an attorney, you will be responsible for all costs incurred to collect the debt.

**WE ACCEPT CASH, CHECKS, MASTERCARD, VISA OR AMEX.**

**THANK YOU** for taking the time to review our policies. Please feel free to ask any questions or share with us special concerns.

RESPONSIBLE PARTY SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_