

FINANCIAL POLICY

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

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

PAYMENT IS DUE AT THE TIME OF SERVICE

WE ACCEPT CASH, CHECK, VISA/MASTER AND NOVUS CARDS.

We may accept assignment of insurance benefits after your first visit. However, we do require 50% be paid at the time of service. The balance is your responsibility whether your insurance company pays or not. We can not bill your insurance unless you bring all insurance information. Your insurance is a contract between you and your insurance company. We are not a party to that contract. In the event we do accept assignment of benefits we require that you be pre-approved on our extended payment plan or provide a credit card with authorization to bill that account for the remaining balance. If your insurance has not paid your account in full within 45 days the balance will automatically be transferred to your credit card or the extended payment plan. Please be aware some and perhaps all of the services provided may be non-covered services and not considered reasonable and necessary under your 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 area. You are responsible for payment regardless of any insurance arbitrary determination of usual and customary rates.

Missed Appointments:

Unless canceled at least 24 hours in advance, our policy is to charge for a missed appointment at the rate of a normal office visit. Please help us serve you by keeping scheduled appointments.

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 Financial Policy.

Signature: _____ Date: _____