

**** FINANCIAL POLICY ****

We are committed to providing you with the best possible care and we will gladly 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 responsibility in regards to your services.

YOUR PORTION OF THE BILL IS DUE AT THE TIME OF SERVICE.

(If this policy is abused you may be asked to pay before services are rendered)

Including: Co-Pays, Deductibles, Non-Covered Services, Non-Par visits, etc.

WE ACCEPT CASH, CHECKS, VISA, DISCOVER AND MASTER CARD

If you do not pay at time of service there may be a billing fee assessed.

YOU MUST BRING YOUR INSURANCE CARDS TO EVERY VISIT.

If you have insurance, we will assist you in receiving your benefits. Any insurance claim will only be submitted if we are furnished **FULL** insurance company information needed.

Please be aware insurances mandate a time frame for filing insurance claims.

If we do not receive insurance information within 45 days of the date of service no claim will be filed and you will be responsible for payment.

1. Please **verify with your employer or insurance company if we are participating** with your specific plan **BEFORE** scheduling appointments.
2. Please be advised – there may be things your insurance plan does **NOT** cover. It is your responsibility to know your specific coverage.
3. If you choose to use our services and we are non-participating with your insurance you are responsible for payment. We will submit the first claim, per visit, for you to your insurance company.
4. We will handle your claims according to our claims agreement with that insurance company.
5. If you have any questions regarding the payment by your insurance company, our insurance department will try to assist you. Please have the “Explanation of Benefits” you received from your insurance on hand when you call our office.
6. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, “usual and customary” charges, etc., other than to supply factual information as necessary. You will need to resolve these with your insurance.

YOU ARE RESPONSIBLE FOR THE TIMELY PAYMENT OF YOUR ACCOUNT.

YOUR INSURANCE IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY.

Please be advised that you are initiating services to be rendered and ultimately you are financially responsible for all charges incurred whether paid by your insurance or not.

Please be advised that once your account is 90 days **delinquent** and you have not made any attempt to make payment or set up a payment schedule for your account **you may be sent to a collection service and may be discharged from the practice.**

If you have a previous balance that has been turned over to the Collection Agency you must to be prepared to pay for your co-pays, etc. at the time of your future appointments.