

FINANCIAL POLICY

We are committed to providing you with the best possible care, and we 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 responsibility.

SELF-INSURED / NO INSURANCE

- * *Payment is expected in full at the time each service is rendered, unless specific arrangements are made in advance.*
- * *We accept Visa, Mastercard, Discover, American Express and Care Credit for your convenience.*

INSURANCE

- * *Insurance information such as address, phone number and group number are required at your first visit.*
- * *Insurance companies usually pay only a portion of the total fee for most procedures. We ask that your estimated portion be paid for as services are rendered.*
- * *Insurance is a contract between you and your insurance company. We file insurance claims as a courtesy to our patients. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary coverage, "usual & customary" charges, etc., other than to supply factual information as necessary. You are responsible to follow-up with your insurance company for any unpaid claims. If your insurance company pays more than the balance due, we will send a refund check to you immediately. **You are responsible for the timely payment of your account.***

MISSED APPOINTMENTS

Unless cancelled at least 24 hours in advance, our policy is to charge \$50.00 for missed appointments. Please help us serve you better by keeping scheduled appointments.

I have read and understand this agreement.

Patient's Signature _____ ***Date*** _____