OFFICE FINANCIAL POLICY

Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

1. On arrival, please sign in at the front desk and present your current insurance card at every visit. IF THE INSURANCE COMPANY THAT YOU DESIGNATE IS INCORRECT, YOU WILL BE RESPONSIBLE FOR PAYMENT OF THE VISIT AND TO SUBMIT THE CHARGES TO THE CORRECT PLAN.
2. To avoid excessive wait time for you and other patients, we ask that you please arrive on time. Please be advised that the office reserves the right to reschedule an appointment if a patient is more than 15 minutes late without notice.
3. According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances.
4. YOU ARE RESPONSIBLE FOR ANY BALANCE ON YOUR ACCOUNT.
5. It is your responsibility to understand your benefit plan. It is your responsibility to know if a written referral or authorization is required to see specialists, if preauthorization is required prior to a procedure, and what services are covered.
6. If our physicians do not participate in your insurance plan, payment in full is expected from you at the time of your office visit. For scheduled appointments, prior balances must be paid prior to the visit.
7. If you have no insurance, payment for an office visit is to be paid at the time of the visit.
8. Co-payments are due at time of service. Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due *within* 10 business days of your receipt of your bill.
9. We reserve the right to send all delinquent accounts to a collection agency.
10. If you participate with a high-deductible health plan, we require a copy of the health savings account debit/credit card. Care Credit and payment plans can also be arranged.
11. We require 24-hour notice for canceling any appointments. There is a **$50** charge for appointments OR if 24-hour notice is not given.
12. A **$30** fee will be charged for any checks returned for insufficient funds, plus any bank fees incurred.
13. It is your responsibility to know your insurance plan benefits. Not all services provided by our office are covered by every plan. You will be responsible for payment at the time of visit for services that are not covered by your plan.
14. If you claim to not have insurance coverage, and pay out of pocket, & it becomes known that you do in fact have insurance coverage it is considered insurance fraud & it will be reported to the authorities.

I have read and understand this office financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

Patient Name(s) _____

_____ _____

Responsible party member's name Relationship

_____ _____

Responsible party member's signature Date