

FINANCIAL POLICY

1. *Proof of Insurance:* **Payment is due at the time of service, which includes co-pays, deductibles and co-insurance.** Please bring your insurance card(s) with you to every appointment. It is your responsibility to inform the front desk when the cause for treatment should be billed to a liability insurance company or worker's compensation instead of your regular primary insurance. Verification of benefits is required. If benefits are unable to be verified, you are responsible.
2. *Payment is due at time of service:* We accept cash, personal checks, debit and credit cards. All deductibles, copays, and non-covered services are due at time of service unless payment arrangements have been made in advance. If you have Medicare but Medicare may deem the treatment as "medically unnecessary" according to HCFA payment guidelines, you will be required to sign a waiver (advanced beneficiary notice) prior to treatment and the service is due at the checkout counter. All Medicare patients will be required to pay the 20% copay based upon the current Medicare Fee Schedule unless proof of a secondary policy is evident. Pre-determined copays are due when you check in for your appointment. If your copay is based on a percent and you do not have a secondary policy, please be prepared to pay. Insurance claims are filed as a courtesy; you are ultimately responsible for the rendered services.
3. *Our responsibility to Report Non Compliance:* It is our obligation under many of the managed care contracts to report patients who repeatedly refuse to pay copays and deductibles at time of service or who are repeatedly "no show" for appointments. Please know that if you are reported, you could possibly lose your health care benefits or be unable to schedule future appointments at our facility.
4. *Financial Assistance:* Our office treats patients regardless of financial status. If you have no insurance, have maximized your benefits, have a high deductible or you are currently medically indigent or financially indigent but not eligible for Public Assistance or Medicaid, please ask to speak with the Office Manager.
5. *Billing, Payments, and Over Payments:* If an overpayment is made by you on the account, a refund will only be issued in a timely fashion if there are no other outstanding debts on the other accounts containing the same guarantor or financial responsible party. Patient balances unforeseen at time of service will be billed to the address you have provided. It is your responsibility to inform us of any changes in address, phone or employment. Our practice has a \$25.00 return check fee.
6. *Past Due and Delinquent Accounts:* Failure to meet your financial obligations may result in reporting you to our contracted collection agency who in turn may report you to the credit bureau, filing for a judgment in small claims court or other collection action against you and you may be terminated as a patient from this facility. All attorney fees, court costs and other expense related to collecting your account will be added to your outstanding balance.

Our Physicians require you to direct all financial concerns to the Administrative Staff.

I have read and understand the above financial policy and have been made aware that I am responsible for the balance on my account for professional services rendered.

Patient Name (please print) _____ DOB _____

Printed Name of Responsible Party _____

Signature of Responsible Party _____ Date _____