

FINANCIAL OFFICE POLICY

1. All patients are on a cash basis until their respective insurance coverage and deductible are verified by our staff.
2. The Doctor will give you an estimate of the fees for service before they are performed or rendered.
3. If the deductible has not been met, you will be on a cash basis until such time that the deductible has been met.
4. After coverage and deductible are verified, this office may accept assignment on most policies provided the Insured/Patient signs an appropriate assignment of benefits and/or lien (authorizing payment to be sent to the doctor).
5. Waiting for insurance payment is a courtesy, and it may be withdrawn under certain circumstances.
6. As a patient, it is your responsibility to take care of the co-payment and any non-covered services on a weekly basis. This office may make payment arrangements on an individual basis. Any such plan or arrangement will be discussed during your Report of Findings. If you feel you need some assistance from a family member or parent with making a decision about your care, it is advisable that you bring them with you when the Doctor talks with you about your care.
7. This office does not warrant or guarantee that your insurance will pay. Nor does this office promise that an insurance company will or should pay the fees charged. Insurance policies are an arrangement between an insurance carrier and a patient or insured.
8. Any services not covered or coverage reduction by your insurance will be the patient's responsibility.
9. This office will resubmit a claim one time. We will not enter into any dispute with your insurance company. If coverage problems arise, you will be expected to assist directly in dealing with your insurance company, adjuster, or agent. Any denied or disputed claims will be treated as uncovered services, and you will be expected to pay such charges on a timely basis.
10. If you receive any correspondence or checks from your insurance company, you agree to bring these into our office so that we may determine if any action needs to be taken or if the check is an assignment to this office.
11. If the patient is referred to another specialist or discontinues care for any reason other than discharge by the doctor, the bill is due and payable in full immediately, regardless of any claims submitted.
12. If you change insurance companies or employers, you agree to provide this office with current information.
13. This office accepts MasterCard, Discover, Visa, Cash and Personal Checks.
14. Patient understands that if he or she wishes to stop care prior to utilizing all credits, patient's account balance will be prorated based upon the full rate cash rate price of \$90 per visit.

I have read and understand the Financial Office Policy and agree to abide by these terms.

Patient Signature

Date