

## FINANCIAL POLICY

Thank you for choosing us to provide healthcare for you. Our staff is committed to providing you with the best medical care possible and to assisting you with the administrative process. The following is our financial policy. ***Please read and sign.***

**The following applies to every visit:**

- **Bring your insurance card.**
- **Be prepared to pay your co-pay or deductible if we par with your insurance. If self pay, full amount of your visit is expected. We accept cash, check, MasterCard and Visa.**
- **For medical care not covered by your insurance, payment in full is due at the time of your visit.**

**INSURANCE:**

Our office participates in a variety of insurance plans, which we will file with your insurance company. We cannot bill your insurance company without the proper information. Please make sure all of your insurance information is up to date, including your address and phone numbers. We will not be responsible for any liability insurance (i.e. Disability, FMLA, cancer policies, etc.) Payment for services on any liability claims is due and payable at the time of service.

**REFERRALS:**

As a specialty office we see new patient with a referral from their primary care physician. Many insurance plans also require your primary care physician to make the referral to the specialist. To avoid delays, please call our office prior to your appointment to confirm we have the referral or bring any required referral for treatment at the time of your visit. If you do not have a referral your visit may be rescheduled or you may be financially responsible.

**COPAYMENTS and DEDUCTIBLES:**

All co-payments and deductibles for office visits are due at the time of check-in. Co-payments and deductible for surgery will need to be paid at the time of your pre-operative appointment. If your insurance plan changes from the time you see the physician for the preoperative visit and/or surgery, please notify our office so necessary changes can be made prior to your surgery. You will be financially responsible if this is not done.

High Deductible Plans: If you have a high deductible plan you may use a credit card for the entire balance that is payable. We do not accept credit card for partial payments.

If you request to pay by cash, debit card or check we will arrange a three month or less installment plan.

**SELF PAY:**

Patients having no health insurance are required to pay at the time of service unless other arrangements are made prior to your visit. If you are unable to pay in full for necessary medical care at the time of service, our Patient Accounts Representative will attempt to assist you in setting up a short-term payment plan.

**BILLING:**

Statements will be mailed monthly and the payment is due within 30 days. If you have not paid your bill, or have not arranged for a payment plan, we may ask for the assistance of an outside collection agency. If your account is turned over to a collection agency, you will be dismissed from our practice. We will try to work with you to avoid this.

**NO-SHOW/CANCELLATIONS:**

To cancel or reschedule please call 48 hours prior to your appointment. You may receive a \$20.00 charge for failure to keep an office visit appointment. On missed procedures in our office, you may be charge \$50.00. This fee will be your responsibility, not your insurance. Failure to call us in a timely manner results in other patients needing to see the physician being denied access to an appointment. We appreciate your assistance.

Thank you for understanding the need for our financial policy. Please feel free to contact us with any questions and/or concerns you may have. We are here to work with you in any way that we can.

I have read and understand this financial agreement

\_\_\_\_\_  
Signature of patient and/or responsible party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print patient's name