

Patient Financial Policy

We are pleased that you have chosen our practice for your medical care.

It is important that you understand the financial policies of the practice. It is equally important that you understand the terms of your medical coverage. Typically you will find the insurance company’s phone number on your insurance card and we encourage you to contact them with specific questions.

All co-payments must be paid at the time of service. This is part of your contract with your insurance company. Failure on our part to collect co-payments from patients can be considered fraud. If your co-payment is not paid at the time of service, your visit may be rescheduled.

If you are not insured by a plan we contract with, payment in full is expected at each visit. If you are insured by a plan we contract with but don’t have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility.

You are responsible for any coinsurance, deductible amounts, or non-covered services after we have received an explanation of benefits from your insurance carrier.

Motor Vehicle Accidents (MVA) and Third Party Insurance Policies

We may bill **YOUR** motor vehicle insurance but will not bill someone else’s insurance. You will be responsible for contacting **YOUR** auto insurance carrier to initiate a claim, and we expect you to come prepared to provide pertinent claim information prior to initial treatment. If you do not have a med-pay benefit or are unable to provide required information, you will be responsible for payment in full at the time of service.

Personal Injury

We are not a party to any litigation suits being filed for personal injuries and therefore we will not hold your claim or bill your attorney or a 3rd party for medical care and treatment. You are responsible for payment in full at the time of service.

Work Related Injuries

We do accept Workman’s Compensation claims, at your initial appointment you will be required to provide the date of injury, nature of injury, claim number, the adjuster name and insurance contact information. If your injury has not been reported to your company and appropriate claim information obtained prior to your appointment, you may be asked to reschedule or you may be responsible for payment in full at the time of service.

Self-Pay

Payment will be expected at the time services are rendered if you do not have medical insurance. A discount of 20% will be given to those patients who pay their total balance the same day of service. Discounts will not be given on any balances carried from another date of service.

Payment Arrangements

We appreciate prompt settlement of your medical bills. If you are unable to pay your balance in full upon receipt of your statement, please contact our office to discuss payment options. Unless you make payment arrangements, you will be expected to pay your balance upon receipt of your statement. We accept cash, checks, and all major credit cards. There is a \$25.00 returned check fee.

Unpaid Accounts

- Unpaid balances will be forwarded to our collection agency. Once an account has been referred to a collection agency, you must work directly with them to satisfy your debt. Patients/families may be dismissed from our practice for non-payment.
- We encourage all our patients to review their insurance policy and contact the insurance company directly to clarify any specific questions you have about your benefits. Our office will update demographic and insurance information routinely. Bring your insurance card to **every** visit.

We will be happy to assist you in answering any questions you may have about this policy.

Patient Name

Date of Birth

Patient/Guarantor Signature

Date