

FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to the quality care and treatment of all of our patients. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we require you to read and sign prior to any treatment. All patients must complete our Information and Insurance form before seeing the doctor.

REGARDING INSURANCE

MEDICARE - We accept Medicare assignment. We also accept SOME Medicare Replacement plans. Please check with the Receptionist before seeing the doctor to make sure your Replacement plan is one that we accept. This means that we have agreed in contract to accept the fees and bill according to Medicare allowed amount. The patient is responsible for the annual deductible and 20% of the approved amount at the time of service except when there is a supplemental policy to pay these amounts.

MEDICAID - We do not accept Medicaid as a form of payment. If you have Medicaid as your healthcare coverage you will be responsible for the charges at the time services are rendered.

SHARE OF COST - It is our policy that the patient will be responsible for any charges incurred at the time of service. Upon payment, a receipt will be given with detailed charges that can be turned into the case worker for reimbursement.

PRIVATE INSURANCE - It is the patient's responsibility to verify with the receptionist that their insurance is one that we accept prior to seeing the doctor. Failure to do so will make the patient responsible for 100% of the charges incurred. All co-pays and deductibles are due at the time of service. In the event that there is a remaining balance on our account after insurance has paid, payment is due within 30 days of the insurance payment. If payments are not made within 30 days of the insurance payment, then the account will be submitted for collections. The balance is your responsibility whether your insurance company pays or not. Your insurance policy is a contract between yourself and your insurance company. We are not a party to that contract. Please be aware that some, and perhaps all, of the service provided may be non-covered services and not considered reasonable and necessary under your insurance policy contract.

REFERRAL/ AUTHORIZATIONS - Certain health insurances {HMO, POS, etc.) require that you obtain a referral or prior authorization from your Primary Care Provider {PCP) before visiting a specialist. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower or no payment from the insurance company, and the balance will be your responsibility. Alternative payment arrangements or rescheduling of your appointment may be necessary if not obtained.

SELF PAY - If you do not fall within any of the categories above we require FULL PAYMENT AT THE TIME OF SERVICE. You will be considered a Self-Pay patient and upon the first visit, a \$400 CASH OR CREDIT CARD advance is required. We DO NOT ACCEPT checks for this. After the first visit you may pay by cash, check, Visa, Master Card, Discover, American Express, or CareCredit. Your cash advance will be held until you check out. At that time, you will be asked to pay the remaining balance, if applicable. Please be advised that the \$400 cash advance is only an estimate and charges may either be less or more than \$400 depending on the services received.

SURGERY PATIENTS - It is the patient's responsibility to check with our Financial Counselor PRIOR to surgery to make financial arrangements.

AUTO/WORKER'S COMP/THIRD PARTY - WE DO NOT ACCEPT ANY OF THESE INSURANCES. If you fall under any of these three categories, then you are considered a Self-Pay patient and are responsible for all charges at the time of service.

USUAL AND CUSTOMARY RATES

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

For your convenience we accept CASH, CHECK, CREDIT, OR DEBIT CARDS. If necessary, and if you qualify, WE OFFER AN EXTENDED PAYMENT PLAN WITH PRIOR CREDIT APPROVAL.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read the Financial Policy. I understand and agree to this Financial Policy.

Patient's Name (please print) _____ Date _____

Patient or Responsible Party's Signature _____