**FINANCIAL POLICY**

**INSURANCE**

We have made arrangements with many insurers and health plans. We will bill those plans with whom we have an agreement and will collect any required co-payment, co-insurance, or deductible at the time of service. Should you not be able to pay at the time of service, there may be an additional $10.00 processing charge added to your bill. In the event that your health plan determines services to be not covered, you will be responsible for the complete charge. We do not file secondary insurances unless there is an automatic cross-over from Medicare.

**We can file only certain Medicare HMO plans. Please inform us when your personal information and insurance plans have changed.**

**MINOR PATIENTS:**

For all services rendered to minor patients, the adult accompanying the patient is responsible for payment in full at the time of service regardless of who is legally responsible.

**MISSED APPOINTMENTS:**

In order to provide the best possible service and availability to all our patients, it is our policy to charge a $30.00 fee for any appointment not cancelled within 24 hours in advance. Please call us as early as possible if you know you will need to reschedule your appointment. We make a courtesy call to remind you the day before your scheduled appointment.

**MEDICAL RECORDS:**

Medical records may be released with a signed consent from the patient only and may be charged $1.00 per copy up to $25.00. Copies of x-rays may be obtained for your records. The charge is $25.00 per copy of each x-ray and we request an allowance of (90) ninety days to provide such copies to you. X-ray copies must be picked up by the patient or patient’s representative and a written request for these records must be provided. We reserve the right to keep our original x-ray.

**COMPLIANCE:**

In an effort to maintain optimal health, each patient is expected to comply with the physician’s advice regarding your health care needs. Failure to do so may result in our inability to continue providing your health care.

**FINANCIAL AGREEMENT:**

We will gladly discuss your proposed treatment and do our best to answer any questions relating to your insurance. You must realize, however that:

1. Your insurance is a contract between you, your employer and the insurance company. The patient has the

ultimate responsibility to know their benefits. We are not party to the contract.

2. Not all services are a covered benefit in all contracts. Some insurances arbitrarily select certain services that

they will not cover.

We must emphasize that as your medical care providers, our relationship and concern is with you and your health, and not your insurance company. ALL CHARGES ARE YOUR RESPONSIBILITY FROM THE DATE SERVICES ARE RENDERED. For your convenience, we accept VISA, MASTER CARD, DISCOVER, DEBIT CARDS AND PERSONAL CHECKS. There will be a $30 charge on all returned checks. On accounts past 60 to 90 days, collection action will be taken on any balances including those that insurance has not paid. If it becomes necessary to collect any sum due through an agency or attorney, then the patient/guarantor agrees to pay all reasonable costs of collection, including processing fees and attorney’s fees whether suit is filed or not. If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask us. We are here to assist you.

I have read and understand the policies of this practice. I understand that such terms may be amended from time-to-time by the practice. Please keep a copy for your records.

**Signature of Patient/Guarantor Date**