

Financial Policy

Our office files your primary insurance as a courtesy for all our patients. **Please bring your insurance card with you and keep our office informed of all insurance changes.** Payment is expected at the time of service by cash, check, credit card, unless prior payment arrangements has been made. Patients are responsible for the appropriate deductible and estimated patient portion. Your insurance is a contract between you and your insurance company. You are responsible for all bills, regardless of the type of insurance coverage you may have. Please contact your insurance company to verify coverage for our services. We allow 60 days for your insurance carrier to pay. After 60 days, the unpaid balance is due to payable by the patient.

Delinquent Accounts

Accounts past due will be placed on a COD status, at which that time all charges must be paid in full at each visit until account is brought current. Accounts past due are subject to collection. All fees including, but not limited to collection fees, attorney fees, and court fees incurred shall become your responsibility in addition to the balance due this office.

Returned checks

There is a \$25.00 service fee on all returned checks. Returned checks must be redeemed with certified funds (cashier's check, money order, cash).

Minor Patients

We require minor patients to be accompanied by an adult or legal guardian. The adult accompanying the minor patient is required to pay in accordance with our policies.

I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY AND AGREE TO ABIDE BY THE TERMS OF THE POLICY.

PATIENT NAME (PRINT)

SIGNATURE (RESPONSIBLE PARTY)

DATE