

OFFICE FINANCIAL POLICY

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Dear Patient

We would like to share the following policies with you so that you understand your responsibility regarding the charges for the services rendered to you by this office.

If we participate (are contracted) with a commercial insurance plan under which you are covered, we will bill the carrier for services rendered. We will bill both your primary and secondary insurances for contracted plans. You will be responsible at the time of service for payment of co-payments and non-covered cosmetic services. You will be responsible for annual deductibles after the insurance company has been billed and they have determined the amount of your deductible.

There will be a \$10.00 miscellaneous charge added to your account for all co-payments that are not paid at time of service.

All health plans are not the same and do not cover the same services. In the event your health plan determines a service to be "not covered", you will be responsible for the complete charge. Payment is due upon receipt of a statement from our billing company.

Your insurance policy is a contract between you and your insurance company, the doctor is not involved. If your insurance company does not pay the practice within a reasonable length of time, we will have to hold you responsible for payment.

If you have insurance or have had a change in your insurance and do not have a current insurance card with the new information, we will bill you if you do not provide that information within 10 days. Once you make payment to us, you will then be responsible to get reimbursement from your insurance company.

For all services rendered to minor patients, we will ask the adult accompanying the patient and the parent or guardian with custody for payment.

In order to provide the best possible service and availability to all our patients, please call us as early as possible if you know you will need to reschedule your appointment.

I have read the above and as the patient or his duly authorized representative understand and accept these terms.

SIGNED: _____ DATE: _____