

OUR FINANCIAL POLICY

All co-payments and/or deductibles are due at the time of service. There will be an added fee of \$5 if we have to bill you for your copay. We will submit your bill for services for those insurance plans that we participate with, but you are ultimately responsible for payment for the services you receive. If you have an insurance that we do not participate in you are asked to pay in full at the time of service and we will provide you with an itemized statement for you to submit.

We accept cash, local checks, Mastercard and Visa for payment of your charges. Returned checks will receive an overdraft charge of \$35.00 per check due back to us by cash or money order only. A \$5 billing fee may be added to all account balances beyond 90 days from the date of service.

A collection agency may take over a delinquent account. If your account is placed with a collection agency, you will be responsible for any and all additional costs, including but not limited to collection fees (30% - 50%), late fees, as well as the cost of services rendered at this office. Timely payment will prevent consequences to your credit rating.

If you are a member of an HMO or PPO in which our office participates, you are responsible for making sure we have a current referral on hand if your insurance carrier requires one for you to see a specialist. Your referral has to be ordered by one of our physicians before a referral can be obtained. If you do not have a referral at the time of your specialist visit, your insurance company may hold you responsible for all charges.

Our office has been forced to implement a policy for no shows appointments. If you do not show up or call to cancel your appointment with us you will be charged a \$10 no show fee. It is important to call us to let us know you cannot make your appointment so we can give your appointment to someone else who needs it.

If you have any questions about our financial policy or your insurance reimbursement, please feel free to discuss them with our office manager.

I have read, understand and agree to the financial responsibilities under this policy.

Signature of Responsible Party

Date