

Payment Policy

Thank you for choosing us as your care provider. We are committed to providing you with quality care. We have developed this payment policy because some of our patients have had questions regarding patient and insurance responsibility for services rendered. Please read it, ask us any questions you may have, and sign in the space provided.

1. Insurance. We participate in some insurance plans. Payment in full is expected at each visit if you are not insured by a plan with which we do business. If you are insured by a plan with which we do business but don't have an up-to-date insurance card, then payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

2. Co-payments and deductibles. All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company.

3. Non-covered services. Please be aware that some or all of the services you receive might not be covered or not considered reasonable or necessary. You must pay for these services in full at the time of visit or a bill will be sent to your address listed.

4. Proof of insurance. All patients must complete our patient information form before seeing the practitioner. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. This is done for your protection. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

5. Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not a party to that contract.

6. Coverage changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

7. Nonpayment. If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative care.

8. MISSED APPOINTMENTS. Our policy is to charge for missed appointments not canceled within 24 hours. A missed appointment fee is \$125 and will be billed to YOU. \$125 is our minimum office fee per visit. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment. One rescheduled appointment will be allowed. You will be billed in full if you miss, cancel, or reschedule the initial rescheduled appointment. Your insurance is not responsible for these missed office appointment fees. Please do not hold appointments that you cannot commit to showing.

Our practice is committed to providing the best treatment to our patients. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines:

Patient Signature (Or Patient Representative – Indicate Relationship to Patient)

Date