

Our Financial Policy

Thank you for choosing us as your health care provider(s). We are committed to this treatment being successful. Please understand that payment of your bill is considered part of your treatment.

The following is our **Financial Policy**. We require that you read this prior to receiving any treatment. By this you verify that your signature below, on your billing form, and on your case history that you fully understand and agree to our Financial Policies. Full payment is always due at time of service, unless prior arrangements have been made. The time of service discount applies only on the day the patient is seen. Should we have to bill the patient, the time of service discount cannot apply. We gladly accept cash, checks, and most major credit cards. There is a \$25.00 fee for all returned checks.

Private Insurance

We may accept assignment of benefits on your plan. If the physician is contracted with your plan you are only responsible for the contracted amount due. If he/she is not contracted with your plan then the balance due after the insurance pays is your responsibility. The balance of your bill is your responsibility whether your insurance pays or not. We can only go by the information given to us when we verify your benefits; ultimately the relationship is between you and your company.

Auto Accidents

You must notify this office if your injuries are the result of an auto accident. We need the name of insured, claim number and adjustor name and phone number. Our office requires that you open up your medical payments coverage on your auto policy whether the accident was your fault or not. Your liability is greatly reduced by your medical payments coverage. Medical payments may not pay the entire amount of the doctor's bill. Please understand that this bill is still your responsibility. If your policy does not provide medical payments coverage then our office requires that you obtain an attorney. If you have a relationship with an attorney please seek a consultation, if not we can refer you to several attorneys you can choose from. Your regular health insurance will be secondary to the auto accident and will not usually provide coverage under this circumstance.

Work Injuries

It is your responsibility to fill out a First Report of Injury with your employer if you are injured at the work place. In the case of work injuries we cannot bill the patient or his/her private health insurance. We need the claim number and name of insurance carrier associated with your injury.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients, and we charge what is usual and customary for our area and level of expertise. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Thank you for understanding our Financial Policy. Please let us know if you have any questions, or need further clarification on any of the above.

I understand and agree to all the above _____ date _____