

We are committed to providing you with the best possible care. If you have special needs we are here to work with you. The following information is provided to avoid any misunderstanding or disagreement concerning payment of professional services.

1. Our office participates with a variety of insurance plans. It is your responsibility to: bring your insurance card at every visit Be prepared to pay your co-pay at each visit. Payment can be made by check, cash or credit card. For medical care not covered under your insurance, payment in full is due at the time of the visit.
2. If you have insurance that we do not participate in, our office is happy to file the claim upon request; however, payment in full is expected at the time of service.
3. If you are unable to pay for necessary medical care, you may be eligible for financial assistance. It is your responsibility to inform us prior to the visit.
4. Referrals; It is your responsibility to bring any required referrals for treatment at, or prior to the visit. If you do not have the referral, your visit may be rescheduled, or you may be financially responsible.
5. If the patient is a minor (18 years or younger), the parent or guardian must sign below. The parent, or guardian or unaccompanied minor is responsible for any payment due at the time of service, bringing the necessary referrals and insurance cards.
6. If you have any questions about your insurance, we are happy to help you. Specific coverage issues, however, should be directed to your insurance company member services department (number is on the insurance card).
7. If you fail to make payment in full for the services that are rendered to you, your outstanding balance will be sent to a collection agency. You will be responsible for the fees assessed by the collection agency.
8. If you transfer to another provider; any outstanding claims are your responsibility.
9. Your physician is here to provide you with the best care possible. If services, that your physician feels necessary for the treatment of your condition and maintenance of good health are NOT covered by your insurance health benefits contract, you are expected to pay for those services in full. If you have any questions about whether or not a particular service is covered by your health benefits contract, someone in our office will be happy to assist you.

Our practice firmly believes that a good physician/patient relationship is based upon understanding and good communications. Questions about financial arrangements should be directed to the physician's office. Please sign below that you have read and agree to this financial policy.

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Signature of Patient or Responsible Party

Date:

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Signature of Co-Responsible Party

Date: