

FINANCIAL OFFICE POLICIES

1. All patients are on a cash basis until our staff can verify all insurance coverage(s).
2. Your insurance will be verified promptly and will be reviewed with you if applicable.
3. After coverage and deductible are verified, this office may accept assignment on most policies provided the insured/patient signs an appropriate statement of benefits.
4. Waiting for the insurance payment is courtesy and it may be withdrawn under certain circumstances.
5. As a patient, it is your responsibility to take care of the co-payment (usually a percent or fixed dollar amount) and any non-covered services on a monthly basis. This office may make payments arrangements on an individual basis. Any such plan or arrangements will be discussed during your report of findings.
6. This office does not warrant or guarantee that your insurance company will pay, nor does this office promise that an insurance company will or should pay the fees charged. Insurance policies are an arrangement between the insurance carrier and the patient/insured.
7. Any service not covered or coverage reductions by your insurance carrier will be the patient's responsibility.
8. This office will submit an insurance claim for you. We will not enter into any dispute with your insurance company. If coverage problems arise, you will be expected to assist directly with your insurance adjuster or agent. Any denied or disputed claims will be treated as uncovered.
9. I authorize the release of any medical or other records or information necessary to process any claims from this office.
10. All insurance payments, regardless of which company issues a check, first, are applied to your account as long as any balance is due. This means refunds are made only after your balance is completed and cleared with this office.
11. If you receive correspondence of checks from your insurance company, you agree to bring these into our department so that we may determine if any action needs to be taken or if the check is on assignment to this office.
12. If you change insurance companies or employers, you agree to provide this office with the current information immediately.
13. If this office gives you any professional or accounting discount for treatment and you decide to drop out of care, then our standard fees will apply.
14. This office accepts MasterCard, Visa, ~~personal checks~~ and cash. We ask that a credit card be kept on file to cover charges that are not covered by your insurance company with a maximum amount to be determined by you (minimum of \$50.00).
15. If you have any questions concerning this or any other matter, please speak with Monica prior to seeing the doctor.

Thank you for your cooperation in this matter.

I have read and fully understand the financial office policy and agree to abide by these terms.

Patient or Responsible Party Signature

Date