

### Financial Policies

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our practice. Please ask us if you have any questions about our fees, policies or your financial responsibility.

- All new patients are asked to complete our Patient Registration Form prior to seeing the doctor. We request all established patients to inform us of any changes in name, address, phone number, employer or insurance status/information.
- Based on your insurance benefits, your copay must be paid on the day of service for all new patient visits, routine visits and med checks. As a specialist, your copay here may be higher than at your regular physician's office. Please check with your insurance.
- Based on your insurance benefits, your co-insurance, deductible or other out-of-pocket expense must be paid on the day of service for all new patient visits, routine visits, med checks and procedures.
- We accept, cash, check, money order, American Express, Discover, Master Card and Visa. Returned checks are assessed a \$60.00 return fee.
- If payment can not be made at the time of service our office will assist you with rescheduling to a date that is more financially convenient for you.
- No show appointments and appointments cancelled with less than 24 business hours notice are subject to a \$25 fee.

### Insurance

- It is important to check your insurance plan in detail prior to your visit. If any information has been updated or changed please tell us prior to being seen by the doctor.
- Many HMO's and PPO's require a written referral or referral number for the specialty care provided in our office. Please make all necessary arrangements to obtain a referral prior to your visit. It is your responsibility to obtain a referral if required. Failure to do so may result in the visit being charged to you, not insurance.
- As a courtesy to our patients, we will file insurance claims for professional services rendered. Following claim processing any co-insurance, deductible or other patient responsibility such as out-of-pocket or non-covered services must be paid within 30 days of the explanation of benefits.
- Upon completion of your treatment ALL unpaid balances (after insurance processing) must be paid with 90 days. At this time if no attempt has been made to settle your debt the account will be turned over to a collection agency and will be subjected to a 25% collection fee. A finance charge of 1.5% (\$.50 minimum) will be applied to all accounts greater than 60 days old. Our annual percentage fee is 18%.

### Work-Related or Auto Injuries

- If you have a work-related injury or a lawsuit is involved, all visits and treatments must be approved by the Workers Compensation agent or attorney assigned to your case. Please be sure to have this information (adjuster's name, contact info, claim # and claims) prior to your visit so we may make arrangements accordingly. Any charges not approved by workers' compensation will be your responsibility.
- If involved in an automobile accident, it is policy that we bill your medical insurance. We do NOT have contract agreements with auto insurance companies.
- If you are represented by an attorney for a work or auto accident then we will require their name, address, phone number and completed lien.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_