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Office Financial Policy

FOR PATIENTS WITH INSURANCE: A CURRENT, VALID, INSURANCE CARD MUST BE PRESENTED EACH TIME YOU VISIT OUR OFFICE. You will be asked to reschedule your appointment if you do not have a valid insurance ID card showing current coverage. As a courtesy to our patients, we will bill most insurance companies. If you have secondary insurance coverage, this will be billed as well. If an insurance carrier has not paid within (60) sixty days of submitting the claim, we will bill the patient directly. If you have a change with your insurance, please let us know as soon as possible so that your care will not be interrupted. All co-pays and deductibles are due at the time of service. Please do not ask us to bill you for your insurance co-pay. We accept cash, check, or credit card payments.

MANAGED CARE PLANS: Please review your insurance card carefully. If your insurance carrier requires a referral to see a specialist, you will be required to get that referral from your primary care physician (PCP) prior to scheduling your appointment. Please let us know if you need prior authorization prior to being scheduled for tests, x-rays, or surgery. It will be your responsibility to learn about your co pay of diagnostic treatment before the test is ordered. We will make every effort to get the proper prior approval, but as stated this will be your responsibility.

MEDICARE PATIENTS: We will bill Medicare for you. We will also bill secondary insurances for you. You will be billed for co-pays at the time of service if you have a Medicare Managed Care Plan.

WORKERS' COMPENSATION: Our office will not bill workers' compensation for any work-related illness or injury. Our physicians are not worker compensation providers.

SURGERY FEES: Payment arrangements must be made prior to the date of the surgery for all procedures that are not covered by insurance. You may be asked to sign a payment agreement for any procedure that is not paid in full at the time of service.

MISSED APPOINTMENTS: In fairness to other patients and physicians, a 24-hour notice of cancellation is required, or you will be charged a NO SHOW FEE.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE FINANCIAL POLICY FOR PAYMENT OF PROFESSIONAL FEES.

Responsible Party (Please print) Responsible Party (Signature)

Relationship Date