



Financial Policy Form

We provide you with the best possible care and service and regard your understanding of our financial policy as an essential element of your care and treatment. To assist you, we have outlined our financial policy. If you have any questions, please feel free to discuss them with our staff.

In certain circumstances, full payment may be requested at the time of service. Prompt payment allows us to control costs. Outstanding accounts cost both time and money; therefore, you will be required to establish financial arrangements for payment of any outstanding balance on your account.

Please read the information below carefully and inquire if you have any questions.

1. Insurance Claims

- We maintain contracts with several insurance carriers and other types of health plans. If you have provided the correct insurance information including the correct member number, member date of birth, member social security number, and member's employer we will submit a claim on your behalf for services rendered.
- In the event your health plan determines a service to be "not medically necessary" **you will be responsible for the complete charge**. In that event, we will bill you directly. Payment is due upon receipt of that statement and should be remitted to the address on the statement.
- If you have insurance coverage with a plan with which we do not have a prior agreement or contract, we will prepare and send the claim on your behalf, on an unassigned basis. In this case, your insurance will send payment directly to you. **Therefore, you are responsible for payment and agree to forward the payment to us immediately.**
- We cannot be held responsible for any insurance change we are not aware of.
- We are required to collect any coinsurance or deductible according to your insurance carrier.

2. Unpaid Balances/Delinquent Accounts

- Patients refusing to remit payment or make payment arrangements after 60 days' notice of outstanding balance will force us to limit services until balances are paid in full or written financial arrangements are completed.
- Non-compliance with payment arrangements i.e. missed payments will also limit services until payments are up to date.
- Failure to make timely payments or make consistent payments that satisfy financial arrangements agreed upon will result in dismissal from the financial arrangement and placement with a collection agency.
- Unresolved balances greater than 60 days may result in the patient's dismissal from this office. If a financial dismissal is performed, you will receive written notice and will no longer be eligible

to receive services from our provider. **You will still be responsible for resolving unpaid balances after dismissal.**

3. Collections

Past due accounts over 120 days with no response from you will be turned over to a collection agency for more aggressive collection activity. If your account is sent to a collection agency, you will be required to pay cash for further services until the collection agency is paid in full. **You will be responsible for any additional fees incurred by placement with a collection agency.**

4. NSF Checks

Dishonored checks will be charged back to your account with a service fee of \$25.00. You will receive a statement reflecting the amount of the check returned and the NSF fee. We will no longer accept personal checks from the patient.

5. Workers Compensation

It is the patient's responsibility to provide our office with the most updated contact information regarding a worker's compensation claim. **If the claim is denied, you will be responsible for payment in full.**

I have read and understood the above office policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended as necessary by the practice without notice.

Patient Signature: _____

Date: _____