

OUR FINANCIAL POLICY

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

We will request a photocopy of the front and back of your insurance identification card. Please update your card with any additional information your insurance company provides you with, such as stickers and/or jackets, which contain information necessary to submit claims on your behalf. It is your responsibility to inform us of any changes to your policy.

COPAYMENTS — By law we must collect your carrier designated copay at the time of service. Please be prepared to pay that copay at the time of service. Copays not paid at time of service are subject to a \$15.00 service fee.

NON CO-PAY PLANS — If we participate with your plan and it does not require a copay, we will accept the fee schedule of the carrier. You will be responsible for co-insurance amounts as well as any deductible per your individual policy.

NON PLAN PATIENTS — Payment will be expected at the time of service when we do not participate with your insurance. We will provide you with the necessary forms to submit to your carrier or we will be happy to file a claim on our behalf, as long as you provide us with a copy of your card.

MEDICARE PATIENTS — We participate with your insurance and will be happy to submit to your secondary carrier as well. Please provide us with copies of your ID cards. If you do not have a secondary, we may ask for 20% at time of service.

REFERRALS — If you have an HMO you must bring a referral with you for your office visit. Patients who come to our office without the proper referrals will be responsible for the cost of the visit. Because of very strict guidelines in our contracts with several HMOs we will request that you sign a financial waiver and pay for your visit at the time of service. We are sorry for any inconvenience this may cause. If your primary care doctor wishes to fax us your referral they may do so. Just indicate the day and time of appointment. If you have a POS (point of service) it is in your best interest to obtain referrals from your primary care doctor as this will be considered in network. Many plans offer out of network benefits, after you reach a deductible. Whenever possible, please obtain a referral. Any questions regarding out of network benefits should be directed to your insurance company. While we are familiar with insurance plans, we do not know your individual policy.

We accept Cash, Checks, MasterCard, Visa, American Express, or Discover.

Thank you for taking the time to review our policies. If you have any suggestions or special concerns, please bring them to our attention.

If you need to discuss financial arrangements, please call the office prior to your appointment.

SIGNATURE _____ DATE _____