OUR FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we require you to read and sign prior to any treatment.

All patients must complete our Information and Insurance form before seeing the doctor.

FULL PAYMENT IS DUE AT TIME OF SERVICE
WE ACCEPT CASH, CHECKS, OR MASTERCARD / VISA / DISCOVER
WE OFFER AN EXTENDED PAYMENT PLAN WITH PRIOR CREDIT APPROVAL

REGARDING INSURANCE
We may accept assignment of insurance benefits once insurance coverage has been verified. We can not verify benefits or bill your insurance company unless you give us your insurance information. Your insurance policy is a contract between you and your insurance company, we are not a party to that contract. If your insurance company has not paid your account in full within 45 days you will be responsible for the balance. Please be aware that some procedures may be non-covered by your insurance plan.
Regarding Insurance Plans where we are a participating provider. All co-pays and deductibles are due prior to treatment. In the event that your insurance coverage changes to a plan where we are not participating providers, refer to above paragraph.

USUAL AND CUSTOMARY RATES
Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

ADULTS PATIENTS
Adult patients are responsible for full payment at time of service.

MINOR PATIENTS
The adult accompanying a minor and the parents (or guardians of the minors) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, Visa / MasterCard / Discover, or payment by cash or check at time of service has been verified.

MISSED APPOINTMENTS
Unless canceled, at least 24 hours in advance, our policy is to charge $65.00 for missed appointments (this fee is subject to change). Please help us serve you better by keeping scheduled appointments. Multiple missed appointments may result in termination.

RETURNED CHECKS
There will be a $20.00 charge for all bounced checks.

PAST DUE ACCOUNTS
Late charges can be applied to all past due amounts at the rate of $5.00 per month. If the account is in default and turned over for collection, a collection fee is added.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read the Financial Policy. I understand and agree to this Financial Policy:

X_____ Date _____
Signature of Patient or Responsible Party

X_____ Date _____
Signature of Co-Responsible Party