

# FINANCIAL POLICY

To keep our costs and fees down, our office no longer sends monthly statements. Payment is required at the time of service. We do offer several payment options, as listed below:

- ◆ **CASH or CHECK**
- ◆ **MASTERCARD**
- ◆ **VISA**
- ◆ **AMERICAN EXPRESS**
- ◆ **DISCOVER / NOVUS**
- ◆ **INSURANCE ASSIGNMENT**
- ◆ **OFFICE PAYMENT PLAN** – available with approved credit. This is a Healthcare Credit Card that may be used at many other Healthcare providers throughout the U.S. Depending upon the fees, the initial charge is interest free for up to 12 months, and the balance may be paid out for up to 3 years.

## REGARDING INSURANCE

Upon verification of benefits, we are happy to accept insurance assignment for our patients. As a courtesy to you, our office will submit the claim to the insurance company. You are required to pay the estimated non-insurance portion in full, at the time of service.

Please keep in mind that this is only an **estimate**. The insurance company may not pay the amount on the schedule of benefits or the percentage that they stated in the plan. Deductibles, benefits used at other offices, and many other factors determine this. It is the insured's responsibility to keep track of annual maximums and benefits remaining for the year.

We do require that you pay the estimated non-insurance portion at the time of treatment. We will then submit the claim to the insurance company.

Any insurance payment not received within sixty (60) days becomes the responsibility of the patient, and due at that time. We will then be happy to assist you in gaining reimbursement from the insurance company.

**Double or Secondary Coverage:** We will accept insurance assignment from the primary carrier only. You are required to pay the estimated co-payment at the time of treatment. Once the primary carrier has paid the claim, you may submit to the secondary carrier for reimbursement.

## REGARDING CHILDREN OF DIVORCED PARENTS

We will be happy to file a claim on the non-custodial parent's insurance with the proper authorization. You must inform the financial manager so that she may send an authorization form to the non-custodial parent. Payment for any treatment performed without the signed authorization will be the responsibility of the custodial parent. The parent who brings the child for the appointment is responsible for the account, including any amount not covered or paid by the insurance company in a timely manner. This is regardless of divorce settlement terms.



I have read and understand the financial policy of this office. I acknowledge responsibility of this account. I understand that regardless of insurance coverage, I am responsible for the entire balance and hereby agree to abide by the financial policies as stated above. I understand that any balance not paid in a timely manner is subject to a finance charge of 18% per annum. I understand that any balance over 120 days is reported to a Credit Bureau and turned over to a Collection Agency and all fees incurred to collect this balance are owed by me.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Front Desk Personnel Initials: \_\_\_\_\_ Copies in other Family Member Charts? \_\_\_\_\_ Date: \_\_\_\_\_