

## FINANCIAL POLICY

We are committed to providing you with the best possible care. If you have medical insurance, we will try to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

**Contracted Insurance:** We will bill your insurance company for you. We accept the amount that your insurance company pays, less any deductibles or co-pays which remain the patient's responsibility.

**Non-Contracted Insurance:** We will bill your insurance company for you, but we may not accept the amount they pay on your claim. This means that you may have higher deductibles or co-pays, and higher out of pocket expenses. You will be responsible for any dollar amount that your insurance company does not pay.

**Any HMO requiring a referral:** You must have a written referral with you at the time of your office visit. Obtaining the referral is the patient's responsibility. If this referral is not available at the time of your visit, you will be asked to reschedule your appointment until such a time that the referral is available from your primary care physician.

**Worker's Compensation/Automobile/Other Liability Claim:** We will bill the insurance company for you, however if your claim is closed or in dispute, you, as the patient, will be responsible for payment.

**Self-Pay:** If you are without health insurance coverage, you will be expected and required to pay any costs associated with your treatment at the time such services are rendered unless other arrangements have been made prior to your appointment.

We must emphasize that, as medical providers, our relationship is with you, the patient, not your insurance company. The filing of insurance claims is a courtesy that we extend to our patients, however it must be understood that all charges are your responsibility from the date services are rendered. We realize that temporary financial problems do affect the timely payment of your account. If such problems do arise, we encourage you to contact us promptly so we can assist you with the management of your account.

We will be happy to discuss your insurance and your proposed treatment prior to your visit. However, you must realize:

1. Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.
2. Not all services are covered benefits in all contracts. Some insurance companies arbitrarily select certain services that will not be covered whether we are a contracted provider or not.

Please note, disability, FMLA, AFLAC, etc. paperwork requires a minimum of 3 to 5 business days to complete, and there is a \$10.00 fee per form. The fee is required before any paperwork is completed. This includes paperwork received via fax, mail, or in person. Also, there will be a fee (amount to be determined at the time of the request) for any medical record or x-ray copies.

If you have any questions regarding the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask us. We are here to help.

**I understand and agree that, regardless of insurance status, I am ultimately responsible for the balance of my account for services rendered. I have read all the information and certify that all information that I have given is true and correct to the best of my knowledge. I will immediately notify you of any changes in my health insurance status or any other pertinent information.**

**I authorize release of information to all my insurance carriers. I authorize payment directly to my doctor. I permit a copy of this authorization to be used in place of the original. I authorize this office to release any information necessary to expedite insurance claims.**

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Patient/Parent/Guardian Signature

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Date