

OFFICE FINANCIAL POLICY

1. All patients are on a cash basis until their respective insurance coverage and deductible can be verified by our staff.
2. This office may make payment plan arrangements on an individual basis. Any such plan or arrangement will be discussed during your report of findings.
3. If you have insurance we will gladly accept assignment with the following exceptions and regulations and provided we have prior certification from your insurance company.
4. We accept assignment for the initial treatment plan only. Any follow-up visits will be payable when services are rendered. Once you have discharged from active care and placed on maintenance care. We will continue to file your insurance but require full payment per visit.
5. We accept assignment as a courtesy to you; you are responsible for your entire bill should your insurance company not pay any of the anticipated charges for any reason. We are not a mediator between you and your insurance company and we will not enter into any dispute with the same; as your contract is between you and your insurance.
6. Whenever you receive any worksheets from your insurance company or an explanation of benefits please bring this information into this office as soon as possible. We must have a copy of this to determine if proper payment has been made. If you should receive a check from your insurance company during your billing; you must bring it into this office upon receipt. If any overpayment exists after all insurance billing has been done; we will issue you an overpayment check—it will not come from your insurance company. All insurance payments are applied to your account as long as any balance is due.
7. Any services not covered or coverage reductions by your insurance will be your responsibility.
8. This office will submit a claim one time. We will not enter into any dispute with your insurance company. If coverage problems arise; you will be expected to assist directly in dealing with your insurance company, adjuster, or agent. Any denied or disputed claims will be treated as uncovered services and you will be expected to pay such charges in a timely manner.
9. If the patient is preferred to another specialist or discontinues care for any reason other than discharge by the doctor to maintenance care; the bill is due and payable in full immediately; regardless of any claims submitted.
10. The patient also agrees to pay any collections/legal fees; if an unpaid balance is turned over to collections.
11. If you have any questions concerning this or any other matter; please check with the receptionist or our insurance department prior to seeing the doctor.

I HAVE READ AND UNDERSTAND THE OFFICE FINANCIAL POLICY AND AGREE TO ABIDE BY THESE TERMS.

Patients Signature

Date