

FINANCIAL POLICY

Our Practice is dedicated to providing the best possible care and service to you, including your complete understanding of our office policy regarding payment and insurance. As a patient it is your responsibility to provide us with all Health Insurance Information so that billing may be done properly.

- A. GROUP INSURANCE: Patients are responsible for the deductible and co-payment portion of their bill the day that the service is rendered. An additional fee of \$5 will be charged for any co-pay not paid at the time of visit. Any portion of your bill that is not paid by your insurance company is **YOUR RESPONSIBILITY**. A twenty-five dollar (\$25.00) charge will be added to your bill for returned checks.
- B. WORK RELATED INJURY: Only when verification of your status and insurance forms have been completed can we accept assignment for your claim.
- C. PERSONAL INJURY: If you have been involved in an automobile accident, we require the automobile insurance information of the vehicle in which you were riding. Any portion of your bill that is not paid by insurance is **YOUR RESPONSIBILITY**.
- D. HMO'S/MEDICARE: It is the patient's responsibility to:
 - 1. Pay the co-payment portion of your bill the day the service is rendered.
 - 2. Pay for any test, such as laboratory or diagnostic imaging, that is not covered by your plan.
 - 3. Medicare patients are responsible for payment of yearly physicals. They are NOT covered under Medicare.
- E. SELF PAY: Payment is due at the time of service. We offer Visa, Master Card, and American Express for your convenience.

I have read this Financial Policy and understand all the terms.

Signature _____ Date _____