FINANCIAL POLICY

Regarding Insurance: You must show us your insurance card. For Medicare patients this includes both your Medicare card, and your supplemental coverage (if applicable). If you receive a new card you must provide it to us. If your insurance has lapsed or is not in effect at the time of service, you will be required to pay the entire bill for services provided.

If we have a contract with your insurance plan:

If you have an HMO insurance plan which requires a referral, you must obtain that before your appointment with us. If your referral expires or you have used all of the allowed visits before an appointment with our provider, you will be responsible for the entire bill for that visit. If your insurance states that you have a co-pay, you must pay that co-pay before you will be seen for your appointment.

If you have a PPO or POS insurance, if your insurance states that you have a co-pay, you must pay that co-pay before you will be seen for your appointment. If your insurance notifies us that you have not satisfied your deductible, or co-insurance, then we will bill you for what you are required to pay.

If we DO NOT have a contract with your insurance plan:

You will be required to pay in full for our services at the time of the visit. Please do not ask our front desk personnel to send you a bill after services have been performed, unless approved in advance by the office manager when the appointment is made.

Medicare patients

You will be required to satisfy your annual deductible, and if necessary your 20% co-insurance. We will submit the claim to Medicare and if applicable your secondary insurance, and bill you for the amount you are responsible for.

If you are not sure whether we have a contract with your insurance plan, please discuss with our staff.

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

I have read the Financial Policy, and have asked any questions that I had about the policy. I understand and agree to this Financial Policy.

SIGNATURE OF PATIENT or RESPONSIBLE PARTY

DATE

RELATIONSHIP/AUTHORITY OF RESPONSIBLE PARTY