

FINANCIAL POLICY

All patients are expected to make payment at the time services are rendered.

1. If you have insurance, you must provide us with a copy of your insurance card(s). We will file your insurance as a courtesy. We must verify your insurance benefits no later than 48 hours prior to your appointment.
2. You will need to pay any deductible you have not met at the time of service.
3. You will also be responsible to pay at the time of service your plan percentage (example 20%, 30%, etc). We will discuss your plan benefits with you prior to your appointment.
4. If we do not receive payment from the insurance within 90 days, it is the patient's responsibility to pay the balance in full.
5. Any balance remaining after insurance has paid, will be considered past due 30 days following. If payment or arrangement for payment is not made, the account is charged a 50% collection fee and turned over to our collection agency. All collection charges, including attorney fees and court cost, will be added to your balance.
6. We accept cash, credit care (Visa, Mastercard, Discover), and personal checks. Checks have to be guaranteed by a credit or debit card. If check is returned, your credit card will automatically be charged the original payment amount plus a \$30.00 processing fee.

The signature below authorizes payment to be made directly to the doctor from any insurance benefit that may apply. The signature below acts as a release for information that may be needed to file a claim.

Signature
Parent/Guardian if the patient is a minor

Date

If payment is with a check, the information and signature below authorizes the doctor to keep my signature on file and to charge my credit card if the check is returned for non-sufficient funds.

Check One: ___MasterCard ___Visa ___Discover

Cardholder Name _____

Cardholder Billing Address: _____

Account Number: _____ Exp Date: _____ Security Code: _____

Cardholder Signature: _____ Date: _____