

## Financial Policy

We are dedicated to providing the best possible care and service to you. Your complete understanding of your financial responsibilities is an essential element of your care and treatment. If you have any questions about the financial policy, please do not hesitate in discussing them with us.

### Your Insurance

We make every effort to follow the guidelines required by your insurance company. However, every insurance contract is unique. If you do not inform us of any special requirements in your plan and we subsequently perform a service that is denied, we have no choice but to bill you directly for those charges. Every effort is made to file claims on your behalf with your insurance plan. Unfortunately, if we are unable to collect from your insurance company within **45 days**, you will be held financially responsible. Therefore, we encourage our patients to be pro-active in assuring that claims are paid. If your insurance coverage changes, it is your responsibility to notify our office our office at least **24 hours** before your next appointment.

### Missed Appointment

Please call us early as possible if you know you will need to reschedule your appointment. **Please Note: There will be a \$50.00 fee charged for any appointment missed without prior 24 hours notification.**

### Returned Check Fee

There will be a **\$30.00** charge on all returned checks.

### Collections

If your account is turned over to our collection agency, you will be responsible for the collection fee charged to us by the agency in addition to your outstanding balance.

**I have read and understand the financial policy of the practice, and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by the practice.**

\_\_\_\_\_  
Patients Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date