

FINANCIAL POLICY

If you are utilizing health insurance coverage our knowledgeable staff will do everything within our power to assist you in obtaining the maximum benefits to which you are entitled. If an in-network health insurance plan is not available to you, we can design a treatment plan to fit your budget.

We need to obtain your insurance information at the beginning of treatment in order to verify your coverage. You will then be made aware of what portion of the bill you will be responsible for. Not all medical insurance health plans cover 100%. Medical insurance is rarely meant to be a pay-all, but rather an aid for payment. Those services not covered by your health plan will be explained before treatment.

Payment/Co-pays for service are due at the time services are rendered unless payment arrangements have been approved in advance by our staff. We will be happy to process your insurance claims for you. Returned checks and balances older than 90 days may be subject to collections.

As a policy, we require 24-hour notice for all cancellations. In order to get the most out of your care plan, it is recommended that you make-up any missed appointments the same week you canceled them. **There is a \$40.00 cancellation fee for any missed appointment that does not have a 24-hour cancellation notice.** This cancellation fee is to ensure that you keep up with your treatment plan in order to achieve your maximum health potential.

We will discuss your proposed treatment and answer any questions relating to your insurance.

You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore we are covered up to the maximum allowance determined by each carrier.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. You will be responsible for these services if the company deems, they are the patient's responsibility.

While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, contact us promptly for help in the management of your account.

If you have any questions about the above information or any uncertainty regarding your insurance coverage, please don't hesitate to ask.

I understand what I have read regarding the Financial Policy of this office and agree to payment in full of all charges deemed to be the patient's responsibility.

Patient Signature

Date