



## Office Financial Policy

Our policy is to extend to you the courtesy of allowing you to assign your insurance benefits directly to us. This policy reduces your out-of-pocket expenses and allows you to place your family under care.

1. **If You Do Not Have Insurance:** All payments are expected at time of service or by an authorized payment plan. Your **personal balance** may not exceed **\$100** at any time or care may be terminated. We have payment plan options that make care an affordable part of your family budget.
2. **If You Have Insurance:** You will be considered a cash patient until you bring in your insurance cards. Failure to provide us with all active insurance policy cards within 7 days of your first visit could result in you being responsible for any balance.

All **co-payments, co-insurance and deductibles** are expected at the time of service or **by an authorized payment plan**. Your **balance may not exceed \$100**, or care may be terminated.

Our fees are considered usual, customary, and reasonable by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This statement does not apply to companies who reimburse based on an arbitrary schedule of fees bearing no relationship to the current standard and of care in this area.

If your carrier has not paid a claim within sixty (60) days of submission, you agree to take an active part in the recovery of your claim. If your insurance carrier has not paid within ninety (90) days of submission, you accept responsibility for payment in full of any outstanding balance and authorize us to use your credit card to collect full payment.

If you discontinue care for any reason other than discharge by the doctor, all balances will become immediately due and payable in full by you, regardless of any claim submitted.

3. **If You Have Workers Compensation:** In the case of a work-related claim, we will bill the appropriate workers' compensation carrier. You will also be required to provide us with your personal health insurance. If the claim is denied, we will then bill your personal health insurance on file.
4. **If You Have a Motor Vehicle Accident:** In the case of an auto accident, we will bill your auto insurance med pay. Once that is exhausted, we then bill your private health insurance, or the balance is patient responsibility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Patient Name: \_\_\_\_\_