

Patient Financial Policy

Our office policy requires payment at the time of service for copayments, coinsurance, and deductibles.

It is your responsibility to:

- Provide our office with accurate insurance information, including insurance card, employer, date of birth, address and social security number. This information is requested on the Patient Registration form we ask that you complete at your initial visit. We respect a patient's right to privacy and ensure that strict confidentiality is adhered to.
- Pay your copayment, deductible, coinsurance at the time service.
- Pay for any service not covered by your insurance carrier.
- To fully understand your insurance benefits.

It is our responsibility to:

- Submit your claim to your insurance carrier.
- Provide your carrier with the information necessary to determine the medical, prenatal and/or surgical care that you have received.

We accept cash, most major credit cards, and personal checks. (A \$25.00 overdraft charge will be added to returned checks.)

When your bill is unpaid, a collection agency may be chosen to manage delinquent accounts. If your account is placed with a collection agency, you are responsible for all costs associated with the collection process.

Please be courteous and advise our office within 24 hours of your scheduled appointment if you are unable to keep your appointment.

Please feel free to ask one of the Patient Coordinators if you have questions regarding your account.

Thank you for the trust you have placed in us to meet your healthcare needs.

Patient/Responsible Party Signature

Date

Patient Name (Please Print)