



Financial Policy Agreement

Insurance

1. Once you provide us with the necessary information, we will bill your insurance company for your care.
2. You will need to pay your portion of the cost as you go. This includes annual deductibles, co-payments, and charges your insurance company refuses to pay. Charges that are 30 days late will be subject to a service charge of 1.5% per month.
3. We will verify your insurance benefits by contacting the insurance company. You are responsible for paying at each visit until we have verified your coverage. Once this is done, we will credit the amount you paid to your portion of the bill.
4. We bill your insurance company on the date of service. Insurance payment is expected within 30 days. Any payments not received from your insurance company after 30 days will become your responsibility, and must be paid in full at that time unless payment arrangements have been made previously.
5. Occasionally, an insurance company will send a payment to a patient. If this occurs, bring us the check and the attached stub. The information on the stub is very important.
6. Your insurance company may request additional information from you. Please send the information to them right away. They will not pay your claim until they receive the information.
7. If you suspend or terminate your care against the advice of your doctor, all outstanding charges that have not been paid by you or your insurance company will become immediately due and payable by you before you leave.

Pay as You Go

1. You will need to pay for each service at your appointment.
2. We accept check, MasterCard, American Express, and Discover.

Financing through CareCredit

1. You can apply for a line of credit with repayment options.
2. Ask us for the necessary paperwork.

I have carefully read and agree to follow the above Financial Policy.

Patient's Name

Date

Patient/Guardian's Signature

Staff Member's Signature

Date