



FINANCIAL POLICY ACKNOWLEDGEMENT

We are committed to providing you with the best possible care. Our fees reflect our professional commitment to excellence. If you have insurance, we are happy to help you receive your maximum allowable benefits. In order to achieve these goals we need your assistance and your understanding of our payment policy. For the convenience of our patients we offer the following methods of payment of fees.

- Payment in full by cash, bank card or alternate financing of each appointment as service is rendered.
 - Bank charge cards – Visa, MasterCard, Discover, American Express, CareCredit and Debit cards are accepted.
 - Alternate financing (payment plans) must be arranged **before** treatment is rendered.
- For insurance patients, we will accept payment directly from the insurance company only for that percentage the company will cover and do require that the deductible and non-covered fees be paid at each visit.
- We may charge a fee of up to \$100 per hour for any missed or canceled appointment within **24 HOURS** of appointment. After two appointments have been missed consecutively, we will require a deposit of \$100 to hold your next appointment. Our time must be used as efficiently as possible to keep our expenses at a minimum and our fees within reasonable limits.

Our office staff understands insurance, and we will be glad to assist you in obtaining the maximum benefits specified in your contract. *It is important that you realize, however... ..*

- Your insurance benefit is a contract between you, your employer, and the insurance company. **We are not a party to your contract.** This office files your insurance claim as a courtesy to you.
- Our fees generally, but not necessarily, fall within the usual and customary fee structure determined by your carrier.
- Not all services are a covered benefit in all contracts.
- You (not the insurance company) are responsible to us for all fees for services rendered to you..
- If your insurance has not paid within 45 days of submitted charges, please call our office so we can verify your insurance information and review the details of your account with you. After 60 days, you are responsible to begin payments while we continue to work with your insurance together.
- **Upon request**, a pre-determined estimate of benefits can be given to you. We remind you these are estimates and actual benefits may vary from the estimates provided.
- We will gladly discuss your proposed treatment and answer any questions you might have as to the involvement of your benefit program in receiving this care. **We appreciate the opportunity to serve you.**

THERE IS NO INTEREST OR FINANCE CHARGE ON CURRENT ACCOUNTS. AFTER 90 DAYS, ALL ACCOUNTS ARE SUBJECT TO A FINANCE CHARGE OF 1% OF THE UNPAID BALANCE, WHICH IS AN ANNUAL PERCENTAGE RATE OF 12% (or a minimum charge of \$1.00)

By signing, you acknowledge that you are financially responsible for all charges. If it becomes necessary to effect collections of any amount owed on this or subsequent visits, the undersigned agrees to pay for all legal costs and expenses, including reasonable attorney fees. You hereby authorize the doctor to release information necessary to secure payment.

Patient Printed Name

Date

Signature of Patient or Legal Guardian

Printed Name if Different than Patient