

## Financial Policy-Auto Insurance

Our Auto Insurance Assignment Program is designed to render you immediate care and keep your out-of-pocket expenses to a minimum. As a courtesy to you, we will bill your insurance carrier on your behalf and wait up to 6 months for payment. Please remember, however, that you are ultimately responsible for payment. As a prerequisite, we ask that you provide a credit card to guarantee payment of your bill and that you provide us with the following:

- Your complete automobile insurance information
- Your family health insurance plan information

We will periodically submit claims on your behalf to both your automobile and health insurance carriers. Any overpayments resulting in credit balances will be refunded promptly at the conclusion of your care.

Balances not paid within 6 months after conclusion of your care will be charged to your designated credit card below. You will be sent a payment voucher. Should settlement be reached prior to the 6 month grace period or should care be terminated for any reason prior to your physician dismissal all balances become due immediately, will be charged to your credit card and are subject to monthly interest charges.

For personal balances, estimated personal portions are paid at the time of service unless you prefer to pay weekly. Weekly payments also require this credit card guarantee, and any personal balance not paid by Friday will also be automatically charged to your designated card below.

If a check is returned for any reason you will be charged a \$20 fee.

MC / Visa \_\_\_\_\_ Exp. Date \_\_\_\_\_

CCV Code \_\_\_\_\_ (3 digit code on back of credit card)

I have read and agree to the office policy and above financial terms and authorize you to bill the charge card under the above circumstances. I understand that should payment not be received within 6 months after termination of my care or should I terminate care before being dismissed by your physician, I will be charged the amount outstanding on my account.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

We are here to serve you. Please speak with the staff about any concerns you may have regarding these policies. We are committed to your optimal health and outstanding patient satisfaction.