

Financial Policy-Insurance

Our insurance Assignment Program is designed to keep your out-of-pocket expenses to a minimum. As a courtesy to you, we will bill your health insurance carrier on your behalf and wait up to 30 days for payment. Please remember, however, that you are ultimately responsible for payment. As a prerequisite, we ask that you leave a credit card to guarantee payment.

Claims for initial services are submitted within 48 hours after your first visit. On Day 30, if the bill has not been paid by your insurance company, it will be your responsibility to contact your insurance company. On day 60 we will charge your designated credit card below for the amount of the claim. You will be sent a payment voucher. Any payments made on these claims thereafter will be immediately refunded to you.

We will not know for sure what they will pay until we receive the first Explanation of Benefits (EOB) back from the carrier. If you are using an out of network insurance plan, you must first meet your deductible, and then keep your co-payment current.

If your insurance policy requires a referral, it is your responsibility to have the referral dated on or before the date of the initial visit, or you will be responsible for full payment.

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 you decide to discontinue your care on your own, the balance on your account is due and payable in full immediately, and will be charged to your credit card if full payment is not made within seven days.

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 charge any payment not paid by the end of each week to the above credit card.

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.