

OUR FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we ask you to read and sign prior to any treatment.

ALL PATIENTS MUST COMPLETE OUR INFORMATION AND INSURANCE FORM BEFORE SEEING THE DOCTOR.

- Full payment is due at time of service.
- We accept cash, checks, Visa/MasterCard, American Express , or Discover
- We offer an extended payment plan with prior credit approval.

REGARDING INSURANCE

We accept assignment of insurance benefits providing prior arrangements are made in advance. However, we require the percentage that the insurance does not cover at the time of service. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your insurance information and an original claim form. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If your insurance company has not paid your claim in full within 45 days, the balance will be automatically be due by you. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under your insurance plan.

USUAL AND CUSTOMARY RATES

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

ADULT PATIENTS

Adult parties are responsible for full payment at time of service.

MINOR PATIENTS

No treatment will begin on a minor until the legally responsible party has signed the necessary forms. The adult accompanying a minor is responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, Visa/MasterCard, or payment by cash or check at time of service has been verified.

MISSED APPOINTMENTS

Unless notified at least 24 hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit. Please help us serve you better by keeping scheduled appointments.

Thank you for the understanding our Financial Policy. Please let us know if you have questions or concerns.

I have read the Financial Policy. I understand and agree to the financial Policy:

Signature of Parent or Responsible Party

Date