

FINANCIAL POLICY

We are committed to providing you with the best possible care. If you have medical insurance, we will help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

- We are providers for your medical insurance. An assignment of benefits form will be on our files. PAYMENT for estimated co-payments and deductibles are Due at the time of service. WE will file our insurance in a timely fashion.
- We are NOT providers for your medical insurance. PAYMENT is due at the time services are rendered unless payment arrangements have been approved in advance by our staff. WE accept cash and checks. We will be happy to help you process your insurance claim form for your reimbursement.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize, however, that:

- 3) Your insurance is a contract between you, your employer, and the insurance company. We are not a party to the contract.
- 4) Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. Thus, our fees are considered usual, customary, and reasonable by most companies. This statement does not apply to companies who reimburse based arbitrary "schedule" of fees, which bares no relationship to the current standard and cost of care in this area.
- 5) Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We must emphasize that as medical care providers, our relationship is with you, not your insurance company. The filing of insurance claims is a courtesy that we extend to our patients. All charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your accounts. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions regarding the above information or uncertainty pertaining to your insurance coverage, PLEASE don't hesitate to ask us. We are here to help you.

I, _____, understand and agree that, (regarding of my insurance status), I am ultimately responsible for the balance of my account for any professional services rendered. I have read the coverage associated with my medical treatment as listed above and financial policy. I further understand that the total cost of my treatment will depend on the clinical evaluation I will receive. I certify this form is true and correct to the best of my knowledge. I am aware that it is my responsibility to notify the office of any changes regarding my insurance coverage or status.

Patient Signature

Date